

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # N99000002356

1. Entity Name
GAETA COMMERCIAL CENTER ASSOCIATION, INC.



Principal Place of Business
4800 N FEDERAL HWY, SUITE 209A
BOCA RATON, FL 33431

Mailing Address
4800 N FEDERAL HWY, SUITE 209A
BOCA RATON, FL 33431



03202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2511952

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

URBANEK, AUGUST
4800 N FEDERAL HWY, SUITE 209A
BOCA RATON, FL 33431

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME URBANEK, AUGUST
STREET ADDRESS 4800 NORTH FEDERAL HWY SUITE 209A
CITY-ST-ZIP BOCA RATON, FL 33445

TITLE D
NAME URBANEK, GERALD
STREET ADDRESS 4800 NORTH FEDERAL HWY SUITE 209A
CITY-ST-ZIP BOCA RATON, FL 33445

TITLE D
NAME RAGLAND, KATHLEEN U
STREET ADDRESS 4800 NORTH FEDERAL HWY SUITE 209A
CITY-ST-ZIP BOCA RATON, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

August Urbanek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07
Date

501 362 8800
Daytime Phone #