

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004095

**Entity Name:** WINGATE COMMERCE CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5269 N. HIATUS ROAD  
SUNRISE, FL 33351

**Current Mailing Address:**

5269 N. HIATUS ROAD  
SUNRISE, FL 33351 US

**FEI Number:** 75-3116217

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CUTRI, MICHELE PRES.  
5269 HIATUS RD  
SUNRISE, FL 33351 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	CUTRI, MICHELE	Name	MILLER, BONITA JVP
Address	5269 HIATUS RD	Address	5269 HIATUS RD
City-State-Zip:	SUNRISE FL 33351	City-State-Zip:	SUNRISE FL 33351

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BONITA J. MILLER

**JVP**

**03/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date