

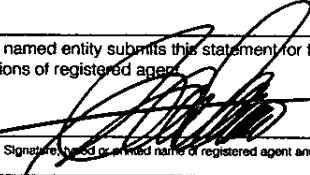
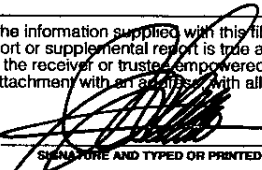


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90249 026 ****70.00

DOCUMENT # N02000000475					
1. Entity Name CROWN LAKES BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8350 NW 52 TERR., STE. 107 MIAMI, FL 33166			Mailing Address 8350 NW 52 TERR., STE. 107 MIAMI, FL 33166		
2. Principal Place of Business <i>1526 NW 89th Ct</i>		3. Mailing Address <i>1526 NW 89th Ct</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>		04062004 Chg-NP CR2E037 (10/03)	
4. FEI Number 75-3008310		Applied For Not Applicable			
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BABCOCK, CALVIN H 8350 NW 52 TERR., STE. 107 MIAMI, FL 33166			Name <i>Carlos DIAZ</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>1526 NW 89th Ct</i>		
			City <i>Miami</i> FL Zip Code <i>33172</i>		
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 		<i>Carlos Diaz</i>		<i>4/6/04</i>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BABCOCK, CALVIN H 8350 NW 52 TERR., STE. 107 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carlos DIAZ <i>1526 NW 89th Ct</i> <i>Miami, FL 33172</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BELL, J. EDWIN 8350 NW 52 TERR., STE. 107 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maristela Rudd <i>1520 NW 89th Ct</i> <i>Miami, FL 33172</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GARDNER, BARBARA 8350 NW 52 TERR., STE. 107 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Carlos Grande <i>1568 NW 89th Ct</i> <i>Miami, FL 33172</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		<i>President</i>		<i>4/6/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <i>305.599.2888</i>	