


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N24061 1. Entity Name CORPORATE PARK AT EMERALD LAKE ASSOCIATION, INC.	
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Principal Place of Business 31111 STIRLING ROAD FT. LAUDERDALE FL 33312	Mailing Address 31111 STIRLING ROAD FT. LAUDERDALE FL 33312
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0265915
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Applied For
Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLIAKOFF, GARY A 3111 STIRLING ROAD FORT LAUDERDALE FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) City

FL | Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete POLIAKOFF, GARY A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312
NAME	VD <input type="checkbox"/> Delete PAUL, STANFORD A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312
STREET ADDRESS	D <input type="checkbox"/> Delete HOLLANDER, WALTER 3109 STIRLING ROAD FT. LAUDERDALE FL
CITY - ST - ZIP	D <input type="checkbox"/> Delete BECKER, ALAN S 3111 STIRLING RD. FT. LAUDERDALE FL 33312
CITY - ST - ZIP	D <input type="checkbox"/> Delete BERMAN, STEVEN 1930 HARRISON STREET STE 505 HOLLYWOOD FL 33020
CITY - ST - ZIP	D <input type="checkbox"/> Delete BATIEVSKY, ABRAHAM 2875 NE 191ST STREET # 801 AVENTURA FL 33180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add 100000224406 02/10/05-60086-002 61.25
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ *Pro.* 2-9-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #