


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90075 046 ****61.25

| | |
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| DOCUMENT # N24061 |  |
| 1. Entity Name CORPORATE PARK AT EMERALD LAKE ASSOCIATION, INC. | |

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|---|---|
| Principal Place of Business 3111 STIRLING RD FT. LAUDERDALE, FL 33312 | Mailing Address 3111 STIRLING RD FT. LAUDERDALE, FL 33312 |
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|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

04192007 Chg-NP CR2E037 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0265915 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|------------------------------|---------------------------------|--|---|---------------------------|---------------------------------|--|
| TITLE | PTD | <input type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | POLIAKOFF, GARY A. | | | NAME | HOWE, JASON W. | | |
| STREET ADDRESS | 3111 STIRLING ROAD | | | STREET ADDRESS | 521 NE 11TH AVENUE | | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 | | | CITY-ST-ZIP | FORT LAUDERDALE, FL 33301 | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PAUL, STANFORD A. | | | NAME | | | |
| STREET ADDRESS | 3111 STIRLING ROAD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HOLLANDER, WALTER | | | NAME | | | |
| STREET ADDRESS | 3109 STIRLING ROAD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BECKER, ALAN S | | | NAME | | | |
| STREET ADDRESS | 3111 STIRLING RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BERMAN, STEVEN | | | NAME | | | |
| STREET ADDRESS | 1930 HARRISON STREET STE 505 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BATIEVSKY, ABRAHAM | | | NAME | | | |
| STREET ADDRESS | 2875 NE 191ST STREET # 801 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | | | CITY-ST-ZIP | | | |

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: GARY A. POLIAKOFF 4/23/07 954-987-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #