

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24061

**Entity Name:** CORPORATE PARK AT EMERALD LAKE ASSOCIATION, INC.

**FILED**  
**Feb 03, 2021**  
**Secretary of State**  
**8784307821CC**

**Current Principal Place of Business:**

3109 STIRLING RD  
SUITE #200  
FT. LAUDERDALE, FL 33312

**Current Mailing Address:**

3109 STIRLING RD  
SUITE #200  
FT. LAUDERDALE, FL 33312 US

**FEI Number:** 65-0265915

**Certificate of Status Desired:** No

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

ACKERMAN, BRAD  
3109 STIRLING ROAD  
SUITE #200  
FORT LAUDERDALE, FL 33312 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:** BRAD ACKERMAN

02/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name ROBINS, ROBIN  
Address C/O FIRM REALTY  
2001 HOLLYWOOD BLVD. SUITE #206  
City-State-Zip: HOLLYWOOD FL 33020

Title TD  
Name SCHLEMNER, DAVID  
Address C/O MEMORIAL HEALTHCARE  
SYSTEM  
3111 STIRLING RD  
City-State-Zip: FT. LAUDERDALE FL 33312

Title D  
Name ACKERMAN, MELISSA A  
Address 3109 STIRLING ROAD  
SUITE #200  
City-State-Zip: FORT LAUDERDALE FL 33312

Title PD  
Name GLAZER, ERIC  
Address C/O EMERALD LAKE OFFICE CENTER  
3113 STIRLING ROAD SUITE #201  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** MELISSA ACKERMAN

**DIRECTOR**

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date