

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756709 (2)

1. Corporation Name

CORPORATE PARK AT CYPRESS CREEK PHASE II ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6400 N ANDREWS AVE
4TH FLOOR
FT LAUDERDALE FL 33309

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4TH FLOOR
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified
03/11/1981

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2321315

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKE, BRYAN
C/O STILES CORPORATION
FT LAUDERDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLEY, JACK	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILSON, MICHAEL	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEISHER, STEVE	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RENZULLI, ED	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOODMAN, DAVID	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	President/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Mike Wilson	
13 STREET ADDRESS	6400 N Andrews Avenue 4th Floor	
14 CITY - ST - ZIP	Ft Lauderdale, FL 33309	
21 TITLE	Vice President/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Steve Fleisher	
23 STREET ADDRESS	6400 N Andrews Ave 4th Floor	
24 CITY - ST - ZIP	Ft Lauderdale, FL 33309	
31 TITLE	Secretary Treasurer/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Robert Patek	
33 STREET ADDRESS	6400 N Andrews Avenue 4th Floor	
34 CITY - ST - ZIP	Ft Lauderdale, FL 33309	
41 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Andrew Weiss	
43 STREET ADDRESS	6400 N Andrews Avenue 4th Floor	
44 CITY - ST - ZIP	Ft Lauderdale, FL 33309	
51 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	David Goodman	
53 STREET ADDRESS	6400 N Andrews Ave. 4th Floor	
54 CITY - ST - ZIP	Ft Lauderdale, FL 33309	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steve Fleisher

Steve Fleisher

January 29, 1996 9547769300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)