

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756709
 1. Corporation Name
CORPORATE PARK AT CYPRESS CREEK PHASE II ASSOCIATION, INC.

Principal Place of Business 6400 N Andrews Ave 4th Floor Ft Lauderdale, FL 33309-2172	Mailing Address 6400 N Andrews Ave. 4th Floor Ft Lauderdale, FL 33309
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified
3/11/1981

4. FEI Number
59-2321315

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**DUKE, BRYAN
 C/O STILES CORPORATION
 FT LAUDERDALE, FL 33309**

10. Name and Address of New Registered Agent

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 (if applicable) (NEED Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLEISHER, STEVE	
STREET ADDRESS	6400 N Andrews Ave.	
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PATEK, ROBERT	
STREET ADDRESS	6400 N Andrews Ave.	
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, DAVID	
STREET ADDRESS	6400 N Andrews Ave.	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONSOVOY, BARRY	
STREET ADDRESS	6400 N Andrews Ave.	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, ANDREW	
STREET ADDRESS	6400 N. Andrews Ave.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	NOBLE, CRAIG	
13 STREET ADDRESS	6400 N Andrews Ave. 4th Floor	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GERKEN, STEVE	
23 STREET ADDRESS	6400 N Andrews Ave. 4th Floor	
24 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
31 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MC QUADDEE, DREW	
33 STREET ADDRESS	6400 N Andrews Ave 4th Floor	
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	LEACH, NANCY	
53 STREET ADDRESS	6400 N Andrews Ave. 4th Floor	
54 CITY-ST-ZIP	Ft. Lauderdale, FL -3309	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exempt on stated in Section 119.07(3)(j), 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 of an appointment with an address.

SIGNATURE:  **Craig Noble** **April 9, 1998** **954-776-9300**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)