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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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 33309-2172



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

03/11/1981

4. FEI Number

59-2321315

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DUKE, BRYAN  
C/O STILES CORPORATION  
6400 N ANDREWS AVENUE  
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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME NOBLE, CRAIG  
STREET ADDRESS 6400 NORTH ANDREW AVENUE, 4TH FLOOR  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE VPD  
NAME GERKEN, STEVE  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE, 4TH FLOOR  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE STD  
NAME MCQUADEE, DREW  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE 4TH FLOOR  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE D  
NAME CONSOVOY, BARRY  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE 4TH FLOOR  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE D  
NAME LEACH, NANCY  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE 4TH FLOOR  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE STD  
3.2 NAME KAPLAN, DAN  
3.3 STREET ADDRESS 6400 N. ANDREWS AVENUE 4th Floor  
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Craig Nobel

3-24-99

954-776-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)