

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

0046035

DOCUMENT # 756709

1. Entity Name

CORPORATE PARK AT CYPRESS CREEK PHASE II ASSOCIA

05-14-2001 90222 040 ****61.25

UUU5U711



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business 300 SE 2nd Street Suite, Apt. #, etc. 8th Floor City & State Ft. Lauderdale, FL	3. Mailing Address 300 SE 2nd Street Suite, Apt. #, etc. 8th Floor City & State Ft. Lauderdale, FL
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Zip 33301-1907	Country	Zip 3301-1907	Country
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4. FEI Number 59-2321315	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DUKE, BRYAN
C/O STILES CORPORATION
6400 N ANDREWS AVENUE
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
Patricia A. Jones

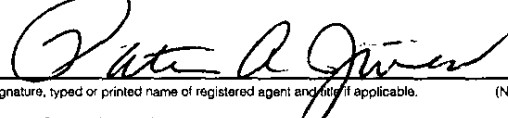
Street Address (P.O. Box Number is Not Acceptable)
300 SE 2nd Street

8th Floor

City
Ft. Lauderdale, FL

Zip Code
33301-1907

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.

SIGNATURE  4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOBLE, CRAIG 6400 NORTH ANDREW AVENUE, 4TH FLOOR FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, BARBARA 6400 NORTH ANDREWS AVENUE, 4TH FLOOR FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAPLAN, DAN 6400 NORTH ANDREWS AVENUE 4TH FLOOR FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALAREZO, ROBIN 6400 NORTH ANDREWS AVENUE 4TH FLOOR FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARN, PEGGI 6400 NORTH ANDREWS AVENUE 4TH FLOOR FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Denny O'Shea 300 SE 2nd Street, 8th FL Ft. Lauderdale, FL 33301-1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Duchon VPD 300 SE 2nd Street 8th FL Ft. Lauderdale, FL 33301-1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara Brown SD 300 SE 2nd Street 8th FL Ft. Lauderdale, FL 33301-1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin Balarezo TD 300 SE 2nd Street 8th FL Ft. Lauderdale, FL 33301-1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tony Ceraso D 300 SE 2nd Street 8th FL Ft. Lauderdale, FL 33301-1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leo Ghitis D 300 SE 2nd Street 8th FL Ft. Lauderdale, FL 33301-1907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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:  4/26/01 (954) 627-9345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Daytime Phone #

CR2E037 (10/00)