

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90112 035 ****61.25

DOCUMENT # 756709

1. Entity Name

CORPORATE PARK AT CYPRESS CREEK PHASE II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

300 SE 2ND STREET
 8TH FLOOR
 FORT LAUDERDALE FL 33301-1907

300 SE 2ND STREET
 8TH FLOOR
 FORT LAUDERDALE FL 33301-1907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2321315

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, PATRICIA A
300 SE 2ND STREET
8TH FLOOR
FORT LAUDERDALE FL 33301-1907

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'SHEA, DENNY 300 SE 2ND STREET, 8TH FLOOR FORT LAUDERDALE FL 33301-1907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUCHON, JOHN 300 SE 2ND STREET, 8TH FLOOR FORT LAUDERDALE FL 33301-1907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, BARBARA 300 SE 2ND STREET, 8TH FLOOR FORT LAUDERDALE FL 33301-1907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALAREZO, ROBIN 300 SE 2ND STREET, 8TH FLOOR FORT LAUDERDALE FL 33301-1907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERASO, TONY 300 SE 2ND STREET, 8TH FLOOR FORT LAUDERDALE FL 33301-1907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHITIS, LEO 300 SE 2ND STREET, 8TH FLOOR FORT LAUDERDALE FL 33301-1907	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Nikol Maroulis 300 SE 2nd St. 8th FL Ft. Lauderdale, FL 33301-1907	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE REQUIRED

2-2102 954627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)