

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90068 045 ****61.25

DOCUMENT # 756709

1. Entity Name

**CORPORATE PARK AT CYPRESS CREEK PHASE II ASSOCIA
TION, INC.**



Principal Place of Business

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

Mailing Address

**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

4. FEI Number **59-2321315**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 <input type="checkbox"/> Delete 300 SE 2ND STREET, 8TH FLOOR FORT LAUDERDALE FL 33301-1907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUCHON, JOHN <input type="checkbox"/> Delete 300 SE 2ND STREET, 8TH FLOOR FORT LAUDERDALE FL 33301-1907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAROULIS, NIKOL <input checked="" type="checkbox"/> Delete 300 SE 2ND STREET, 8TH FLOOR FORT LAUDERDALE FL 33301-1907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERASO, TONY <input type="checkbox"/> Delete 300 SE 2ND STREET, 8TH FLOOR FORT LAUDERDALE FL 33301-1907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHITIS, LEO <input type="checkbox"/> Delete 300 SE 2ND STREET, 8TH FLOOR FORT LAUDERDALE FL 33301-1907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Buffy Butler 300 SE 2nd Street, 8th Floor Ft. Lauderdale, FL 33301-1907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: **SIGNATURE REQUIRED**

3-10-03 954679200

CR2E037 (10/02)