


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90084 041 ****61.25

DOCUMENT # N00000006760 1. Entity Name LYONS CORPORATE PARK MASTER ASSOCIATION, INC.					
Principal Place of Business 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442				Mailing Address 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 1096 E. NEWPORT CENTER DR STE 100 DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD SCHMEIR, JEFF <input checked="" type="checkbox"/> Delete 7777 GLADES RD., STE. 201 BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leder, Sean - VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6530 West Rogers Circle Suite 31 Boca Raton, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTERS, SAMUEL <input checked="" type="checkbox"/> Delete 2005 WEST CYPRESS CREEK RD., STE. 202 FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Ranso, Tim <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6805 Lyons Technology Parkway Coconut Creek, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILHOUS, BOB <input checked="" type="checkbox"/> Delete 791 PARK OF COMMERCE DR. BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, NED <input checked="" type="checkbox"/> Delete 5000 BAY DR. BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDER, SEAN <input type="checkbox"/> Delete 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTTERS, MALCOLM <input type="checkbox"/> Delete 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442		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 employed.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <u>Malcolm Butters</u> 4/24/05 954-570-8111 <small>Daytime Phone #</small>					