



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90206 050 ****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 6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. #100 City & State COCONUT CREEK, FL. Zip 33073 Country USA		3. Mailing Address 6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. #100 City & State COCONUT CREEK, FL. Zip 33073 Country USA				
4. FEI Number 03-0445901				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
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) 6820 LYONS TECHNOLOGY CIRCLE #100 City COCONUT CREEK State FL Zip Code 33073			
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: <u>M. BUTTERS</u> DATE: <u>04/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2006		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	VP LEUR, SEAN 6530 WEST ROGER S. CIRCLE, SUITE 31 BOCA RATON, FL 33487		<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	STD RAND, TIM 6805 LYONS TECHNOLOGY PARKWAY COCONUT CREEK, FL 33073		<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	D LEDER, SEAN 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487		<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	P BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Malcom Butters <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6820 LYONS TECHNOLOGY CIRCLE, #100 COCONUT CREEK, FL. 33073	
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"/> Delete	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 exemptions contained in Chapter 119, 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: <u>M. BUTTERS</u> DATE: <u>04/28/06</u> DAYTIME PHONE: <u>954-570-8111</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						