


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90254 007 ****61.25

DOCUMENT # N00000006760					
1. Entity Name LYONS CORPORATE PARK MASTER ASSOCIATION, INC.					
Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE #100 COCONUT CREEK, FL 33073 US			Mailing Address 6820 LYONS TECHNOLOGY CIRCLE #100 COCONUT CREEK, FL 33073 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0445901	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE #100 COCONUT CREEK, FL 33073			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, 2007		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 VP	NAME LEUR, SEAN	<input checked="" type="checkbox"/> Delete	TITLE Vice President	NAME Jeffrey Stonecher	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6530 WEST ROGER S. CIRCLE, SUITE 31	BOCA RATON, FL 33487		STREET ADDRESS 4650 Lyons Technology Parkway	COCONUT CREEK, FL 33073	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE STD	NAME RAND, TIM	<input checked="" type="checkbox"/> Delete	TITLE STD	NAME Stephen Bruno	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6805 LYONS TECHNOLOGY PARKWAY	COCONUT CREEK, FL 33073		STREET ADDRESS 4650 Lyons Technology Parkway Suite #4	COCONUT CREEK, FL 33073	
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE D	NAME LEDER, SEAN	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6530 WEST ROGERS CIRCLE, STE. 31	BOCA RATON, FL 33487		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE P	NAME BUTTERS, MALCOLM	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6820 LYONS TECHNOLOGY CIRCLE #100	COCONUT CREEK, FL 33073		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			malcolm Butters 3-29-07 954.312.2400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		