


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000008512</b> 1. Entity Name COMMERCE PARK OF COCONUT CREEK PRIVATE ROAD ASSOCIATION, INC.	
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Principal Place of Business 6300 STIRLING RD HOLLYWOOD, FL 33024	Mailing Address 6300 STIRLING RD HOLLYWOOD, FL 33024
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04172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1098378	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ERIC DORSKY, P.A.  
7320 GRIFFIN RD  
SUITE 220  
DAVIE, FL 33314

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

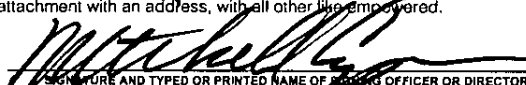
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYPRESS, MITCHELL 6300 STIRLING ROAD HOLLYWOOD, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, TERRY 515 E. LAS OLAS BLVD. FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSCEOLA, MAX B JR. 6300 STIRLING ROAD HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/03/07-80011-011 61.25

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IN THIS SPACE**

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

APRIL 18, 2007

Date

954-966-6300

Daytime Phone #

MITCHELL CYPRESS