

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90052 016 \*\*\*\*61.25

**DOCUMENT # N00000008512**

1. Entity Name  
**COMMERCE PARK OF COCONUT CREEK PRIVATE  
ROAD ASSOCIATION, INC.**



Principal Place of Business  
**6300 STIRLING RD  
HOLLYWOOD, FL 33024**

Mailing Address  
**6300 STIRLING RD  
HOLLYWOOD, FL 33024**

**40073511**



03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-1098378**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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, 2008**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 SIGNING OFFICER OR DIRECTOR

**Mitchell Cypress**

**April 16, 2008**

Date

**954/966-6300**

Daytime Phone #