

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

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000002506

1. Entity Name
**CC PROFESSIONAL PARK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1314 E. LAS OLAS BLVD., STE. 300
FT LAUDERDALE, FL 33301**

Mailing Address
**1314 E. LAS OLAS BLVD., STE. 300
FT LAUDERDALE, FL 33301**



02162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0779520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JACOBSON, GORDON
1314 E. LAS OLAS BLVD., STE. 300
FT LAUDERDALE, FL 33301**

**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 fee 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 D
NAME JACOBSON, GORDON
STREET ADDRESS 1314 E. LAS OLAS BLVD., STE. 300
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE D
NAME FARNELL, CROCKETT
STREET ADDRESS 565 E. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE D
NAME CAPPADONA, RICHARD R
STREET ADDRESS 2951 WEST CYPRESS RD.
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000642422
03/01/07-80043-004 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 SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #