

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000002506

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



FILED
08 DEC 15 PM 5: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box #
2921-2957 NW 62 Street
Suite, Apt. #, etc.
#2953
City & State
Fort Lauderdale FL
Zip
33309
Country
USA

3. Mailing Address
2953 W Cypress Creek Rd.
Suite, Apt. #, etc.
#200
City & State
Fort Lauderdale FL
Zip
33309
Country
USA



REINSTATEMENT 08
1202108 FEB 09 11:09 AM
#GR2B099 (1/07)

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

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

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	D JACOBSON, GORDON 1314 E. LAS OLAS BLVD., STE. 300 FT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven E Fuller 2953 West Cypress Creek Rd. #200 Fort Lauderdale, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARNELL, CROCKETT 565 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raymond Sanchez 2949 West Cypress Creek Rd. Fort Lauderdale, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPADONA, RICHARD R 2951 WEST CYPRESS RD. FT. LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300139019363 12/15/08--01047--014 **236.25 <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
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/09/08 801-977-5500
Date Daytime Phone #