

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N03189

1. Entity Name
EMERALD PARK OFFICE CENTER, INC.



Principal Place of Business
10021 PINES BLVD
SUITE 101
PEMBROKE PINES, FL 33024 US

Mailing Address
3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR
DAVIE, FL 33328-2020 US



DO NOT WRITE IN THIS SPACE

04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2475216

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS REALTY INVESTMENTS, INC.
3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR
DAVIE, FL 33328-2020

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABRAHAM, RON
STREET ADDRESS	2699 STIRLING RD B-101
CITY-ST-ZIP	634,
TITLE	VPD
NAME	AIOSSA, NICK
STREET ADDRESS	9001 S.W. 55TH CRT.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	SD
NAME	COHEN, HAL J
STREET ADDRESS	3325 S. UNIVERSITY DRIVE 210
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000343815
04/29/05-80113-006 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 exemption stated in Section 119.07(3)(f), 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 #