2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90313 038 ****61.25

40047713

DOCUMENT # N04000002127

1. Entity Name
CORAL SPRINGS PROFESSIONAL CAMPUS MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O FLORIDA TRUST REALTY, INC. 210 N. UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071	C/O FLORIDA TRUST REALTY, INC. 210 N. UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071

02162006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0810896 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSEN, HARRY M ESQ 200 E. BROWARD BLVD. FORT LAUDERDALE, FL 33301	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 _____ DATE
Signature required of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	PD ORTIZ, DAVID 1545 N PARK DR STE 104 WESTON, FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTIN RAPPAPORT 5521 N. UNIVERSITY DRIVE # 203 CORAL SPRINGS, FL 33067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD ROSEN, HARRY M 200 E. BROWARD BLVD. FORT LAUDERDALE, FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHRIS BARTON 5471 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD ZOBERG, PETER 1545 N PARK DR WESTON, FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD MIDDY MORSE 5521 N. UNIVERSITY DRIVE # 201 CORAL SPRINGS, FL. 33067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST ZIP		☐ Change ☐ 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: _____ 04/05/06 954-755-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARTIN RAPPAPORT