

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002127

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** CORAL SPRINGS PROFESSIONAL CAMPUS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

INTEGRITY PROPERTY MGMT  
953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

INTEGRITY PROPERTY MGMT  
953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 20-0810896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITTLE, CYNTHIA G  
953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAPPAPORT, MARTIN  
Address: 5521 N UNIVERSITY DR., #203  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: STD ( ) Delete  
Name: MORSE, MINDY  
Address: 5521 N UNIVERSITY DR., #201  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VD ( ) Delete  
Name: DEFRANCO, TOM  
Address: 5461 N UNIVERSITY DR # 103  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN RAPPAPORT

PD

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date