

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90035 044 ****61.25

DOCUMENT # N04000002132 1. Entity Name CORAL SPRINGS PROFESSIONAL CAMPUS SUB-ASSOCIATION I, INC.			
Principal Place of Business C/O FLORIDA TRUST REALTY, INC. 210 N. UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071		Mailing Address C/O FLORIDA TRUST REALTY, INC. 210 N. UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071	
2. Principal Place of Business - No P.O. Box # Integrity Property Mgmt. 953 University Dr.		3. Mailing Address Integrity Prop Mgmt. 953 University Dr.	
Suite, Apt. #, etc. 953 University Dr.		Suite, Apt. #, etc. 953 University Dr.	
City & State Coral Springs		City & State Coral Springs	
Zip 33071		Zip 33071	
Country USA		Country USA	
4. FEI Number 20-0811202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, HARRY M ESQ 200 E. BROWARD BLVD. FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Cynthia G. Whittle. Street Address (P.O. Box Number is Not Acceptable) 953 University Dr. City Coral Springs	
State FL		Zip Code 33071	
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 4/30/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 DEFRANCO, TOM 5461 N UNIVERSITY DR, # 103 CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, ALLEN M 5501 N UNIVERSITY DR, # 104 CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARTON, CHRIS 5471 N UNIVERSITY DR CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<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:		Date 4-30-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-396-0677	