

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N07000004676

Entity Name: PHASE II FLORIDA ATLANTIC UNIVERSITY RESEARCH AND DEVELOPMENT PARK MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

2300 CORPORATE BLVD., NW, STE. 238
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2300 CORPORATE BLVD., NW, STE. 238
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 26-2656811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLAREN, LINDA O.
798 S. FEDERAL HWY., STE. 100
BOCA RATON, FL 33432 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: D () Delete
Name: ELLINGTON, SCOTT
Address: 777 GLADES RD., ROOM 451, EDUCATION BLDG.
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: JUREWICZ, JOHN T.
Address: 777 GLADES RD., ROOM 451 EDUCATION BLDG.
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: SHUBIN, BILL
Address: 2300 CORPORATE BLVD., NW, STE. 238
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: TEMPLE, JOHN W.
Address: 2300 CORPORATE BLVD., NW, STE. 238
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: MAGID, JUDY
Address: 2300 CORPORATE BLVD., NW, STE. 238
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: LIVELY, DIANE
Address: 2300 CORPORATE BLVD., NW, STE. 238
City-St-Zip: BOCA RATON, FL 33431

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:

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: BILL SHUBIN

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date