

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90031 037 ****61.25

DOCUMENT # N93000001043						
1. Entity Name CORAL SPRINGS ECONOMIC DEVELOPMENT FOUNDATION, INC.						
Principal Place of Business 11805 HERON BAY BLVD CORAL SPRINGS, FL 33076 US			Mailing Address 11805 HERON BAY BLVD CORAL SPRINGS, FL 33076 US			
2. Principal Place of Business		3. Mailing Address		01052004 Chg-NP CR2E037 (10/03)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0439578		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
CAWLEY, PAUL 11805 HERON BAY BLVD CORAL SPRINGS, FL 33076			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: <i>Paul Cawley</i> (NOTE: Registered Agent signature required when reinstating) DATE:						
Filing Fee is \$61.25 Due by May 1, 2004		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 VC NAME SLATTERY, DENNIS STREET ADDRESS 4621 WINWARD COVE LN CITY-ST-ZIP WELLINGTON, FL 33467	<input checked="" type="checkbox"/> Delete			TITLE VC NAME RAY DZNOWSKI STREET ADDRESS 1111 EAGLETRACE BLVD CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WALSH, JOHN M STREET ADDRESS 3111 N UNIVERSITY DRIVE STE 1050 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME BRITE, PAUL M STREET ADDRESS 8950 NW 120 AVE CITY-ST-ZIP CORAL SPGS, FL 33065	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME ROSSOMANO, GLORIA STREET ADDRESS 3111 N UNIVERSITY DRIVE, STE 1000 CITY-ST-ZIP POMPAÑO BEACH, FL 33065	<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 exemption stated in Section 119.07(3)(i), 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: <i>John Walsh</i> JOHN WALSH, CHAIR 1/22/04 954 346-6996						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						