


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90084 049 \*\*\*\*61.25

<b>DOCUMENT # N93000001043</b> 1. Entity Name <b>CORAL SPRINGS ECONOMIC DEVELOPMENT FOUNDATION, INC.</b>					
Principal Place of Business <b>11805 HERON BAY BLVD CORAL SPRINGS, FL 33076 US</b>			Mailing Address <b>11805 HERON BAY BLVD CORAL SPRINGS, FL 33076 US</b>		
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 <b>65-0439578</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAWLEY, PAUL 11805 HERON BAY BLVD CORAL SPRINGS, FL 33076</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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>X Paul Cawley</i> <small>Signature, typed or printed name of registered agent and title (if applicable)</small>				DATE <b>1/16/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>DZNOWSKI, RAY</b> <b>1111 EAGLETRACE BLVD</b> <b>POMPAÑO BEACH, FL 33071</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>David Tripp</b> <b>4000 Coral Ridge Drive</b> <b>Coral Springs, FL 33065</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALSH, JOHN M</b> <b>3111 N UNIVERSITY DRIVE STE 1050</b> <b>CORAL SPRINGS, FL 33065</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BRITE, PAUL M</b> <b>8950 NW 120 AVE</b> <b>CORAL SPGS, FL 33065</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Lorna Brown-Burton</b> <b>1041 SE 17 Street</b> <b>Fort Lauderdale, FL 33316</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ROSSOMANO, GLORIA</b> <b>3111 N. UNIVERSITY DRIVE, STE 1000</b> <b>POMPAÑO BEACH, FL 33065</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Gloria J. Rossomano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>1/13/05</b> <small>Daytime Phone #</small>	

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01062005 Chg-NP CR2E037 (10/03)