

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90071 021 \*\*\*\*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**



01042007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0439578**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CAWLEY, PAUL  
11805 HERON BAY BLVD  
CORAL SPRINGS, FL 33076**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	TRIPP, DAVID
STREET ADDRESS	4000 CORAL RIDGE DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VC
NAME	LANGER, ALAN
STREET ADDRESS	3111 N UNIVERSITY DR, STE 802
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	SD
NAME	BROWN-BURTON, LORNA
STREET ADDRESS	1041 SE 17 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	TD
NAME	ROSSOMANO, GLORIA
STREET ADDRESS	3111 N. UNIVERSITY DRIVE, STE 1000
CITY-ST-ZIP	POMPANO BEACH, FL 33065
TITLE	ED
NAME	CAWLEY, PAUL
STREET ADDRESS	11805 HERON BAY BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Paul Cawley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/07

954-3466996

Daytime Phone #