


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90058 007 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N93000001043</b><br>1. Entity Name<br><b>CORAL SPRINGS ECONOMIC DEVELOPMENT<br/>FOUNDATION, INC.</b>   |  |   |   |    |  |
| Principal Place of Business<br><b>11805 HERON BAY BLVD<br/>CORAL SPRINGS, FL 33076 US</b>  |  |   | Mailing Address<br><b>11805 HERON BAY BLVD<br/>CORAL SPRINGS, FL 33076 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>65-0439578</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional<br/>Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CAWLEY, PAUL<br/>11805 HERON BAY BLVD<br/>CORAL SPRINGS, FL 33076</b>  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 <u><i>Paul Cawley</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |   | <div style="text-align: right;"> <b>1/11/08</b><br/> <small>DATE</small> </div>   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | C<br><b>TRIPP, DAVID</b><br><b>4000 CORAL RIDGE DR</b><br><b>CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VC<br><b>LANGER, ALAN</b><br><b>3111 N UNIVERSITY DR, STE 802</b><br><b>CORAL SPRINGS, FL 33065</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VC<br><b>RALPH MERRITT</b><br><b>8325 NW 102 PLACE</b><br><b>MIAMI, FL 33172</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br><b>BROWN-BURTON, LORNA</b><br><b>1041 SE 17 STREET</b><br><b>FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br><b>ROSSOMANO, GLORIA</b><br><b>3111 N. UNIVERSITY DRIVE, STE 1000</b><br><b>POMPANO BEACH, FL 33065</b> <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | ED<br><b>CAWLEY, PAUL</b><br><b>11805 HERON BAY BLVD</b><br><b>CORAL SPRINGS, FL 33076</b> <input type="checkbox"/> Delete                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <u><i>Paul Cawley</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <div style="text-align: right;"> <b>1/11/08</b><br/> <small>Date</small> </div>   |   |  |
|  |  |   | <small>Daytime Phone #</small>  |   |  |