


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90511 004 \*\*\*\*61.25

<b>DOCUMENT # N98000005609</b> 1. Entity Name COUNTYLINE CORPORATE CENTER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 210 N. UNIVERSITY DRIVE SUITE #802 CORAL SPRINGS, FL 33071			Mailing Address 210 N. UNIVERSITY DRIVE SUITE #802 CORAL SPRINGS, FL 33071		
2. Principal Place of Business 210 N. UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE 702		3. Mailing Address Same			
City & State CORAL SPRINGS, FL		City & State		4. FEI Number 65-0882177	
Zip 33071		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSSING, DARRIN 210 N. UNIVERSITY DRIVE SUITE #802 CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name: KAREN ELLIS Street Address (P.O. Box Number is Not Acceptable): 210 N. UNIVERSITY DRIVE SUITE 702 City: CORAL SPRINGS FL Zip Code: 33071		
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>Karen Ellis</u> DATE: <u>4/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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"/> \$5.00 May Be Added to Fees		<b>Make check payable to 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	PD HELMES, SCOTT 1401 E. BROWARD BLVD., #201 FT LAUDERDALE, FL 33301	<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	VPD HOWELL, DAVID 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025	<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	STT MOSSING, DARRIN 210 N. UNIVERSITY DRIVE #802 CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STT ELLIS, KAREN 210 N. UNIVERSITY DRIVE #702 CORAL SPRINGS, FL 33071
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"/> 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"/> 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"/> 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: <u>Karen Ellis</u> DATE: <u>4/27/05</u> (954) 753-5844 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

**50045097**

