

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90001 050 ***150.00

DOCUMENT # P95000096735 1. Entity Name COLLEGE PARK MANAGEMENT, INC.					
Principal Place of Business 1665 PALM BEACH LAKES BLVD. SUITE 610 WEST PALM BEACH, FL 33401			Mailing Address 10 CAMPUS BLVD. NEWTOWN SQUARE, PA 19073		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 23-2376146	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP			
AS DIGIUSEPPE, ROBERT 10 CAMPUS BLVD. NEWTOWN SQUARE, PA 19073		<input type="checkbox"/> Delete			
P HOLLOWAY, GARY 10 CAMPUS BLVD. NEWTOWN SQUARE, PA 19073		<input type="checkbox"/> Delete			
VPT ROBINSON, BRUCE 10 CAMPUS BLVD. NEWTOWN SQUARE, PA 19073		<input type="checkbox"/> Delete			
VPS COYLE, CATHERINE 10 CAMPUS BLVD. NEWTOWN SQUARE, PA 19073		<input checked="" type="checkbox"/> Delete			
AS HUBLEY, DENISE 10 CAMPUS BLVD. NEWTOWN SQUARE, PA 19073		<input type="checkbox"/> Delete			
AS CARDAMONE, ANTHONY J 10 CAMPUS BLVD NEWTOWN SQUARE, PA 19073		<input type="checkbox"/> Delete			
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 607, 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>Anthony J. Cardamone</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <i>5/6/04</i> Daytime Phone #: <i>610-355-8147</i>					

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