

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Feb 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 259635 (1)**

1. Corporation Name  
**CYPRESS LAKE NO 10, INC.**



Principal Place of Business  
**1411 S E 9TH AVE  
POMPANO BEACH FL 33060**

Mailing Address  
**1411 S E 9TH AVE  
POMPANO BEACH FL 33060-9555**

3. Date Incorporated or Qualified  
**06/05/1962**

3a. Date of Last Report  
**01/24/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		59-1447940		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WALSH, RACHEL K 1411 SE 9TH AVE POMPANO BCH FL 33060</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE *Rachel K. Walsh* **RACHEL K. WALSH** DATE **1/30/97**

Signature of appointed (new) or re-registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALSH, RACHEL K</b>	1.2 NAME	
STREET ADDRESS	<b>1411 SE 9TH AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUPBACHER, DOROTHY</b>	2.2 NAME	
STREET ADDRESS	<b>1411 SE 9TH AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>1411 SE 9TH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEINBACH, ELLEN</b>	4.2 NAME	
STREET ADDRESS	<b>1411 SE 9TH AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Rachel K. Walsh* **RACHEL K. WALSH** DATE **1/30/97** DAYTIME PHONE # **954-943-0886**

Signature and typed or printed name of signing officer or director

CR2E034 (9/96)