

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2009  
Secretary of State**

DOCUMENT# 706775

Entity Name: CYPRESS RIDGE APARTMENTS INC

**Current Principal Place of Business:**

1401 S E 7TH AVENUE  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

1401 S E 7TH AVENUE  
4  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 59-1694444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SACKS, PAUL A  
1404 SE 7TH AVENUE  
4  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROTHERS, NORMAN  
Address: 1401 SE 7TH AVENUE #5  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD ( ) Delete  
Name: VISSER, JAKE  
Address: 1401 SE 7TH AVENUE #12  
City-St-Zip: POMPANO BEACH, FL 33060

Title: STD ( ) Delete  
Name: SACKS, PAUL  
Address: 1401 SE 7AVE #4  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD ( ) Delete  
Name: CREZEE, MICHAEL  
Address: 1401 SE 7 AVE #11  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SACKS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

STD

04/04/2009

\_\_\_\_\_  
Date