FILE NOW: FILING FEE IS $61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 712403 (5)

1. Corporation Name

CYPRESS ISLAND APTS. #4, INC.

Principal Place of Business	Mailing Address
C.O J & L PROPERTY MGMT. INC. 10191 W SAMPLE RD #203 CORAL SPRINGS FL 33065	C.O J & L PROPERTY MGMT. INC. 10191 W SAMPLE RD #203 CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 03/14/1967

4. FEI Number: 59-1198660 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MONCAYO, CECILIA~~ C/O J & L PROPERTY MGMT INC 10191 W. SAMPLE RD #203 CORAL SPRINGS FL 33065	81 Name: J+L Property Mgmt. INC 82 Street Address (P.O. Box Number is Not Acceptable): 10191 West Sample Rd #203 83 84 City: Coral Springs FL 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 6/15/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LOZITO, DELORES 435 S.E. 9TH AVE #6 POMPANO BCH FL 33060	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Alan Stasiewicz D 935 S.E 9th Ave. #4 Pompano Bch, fl. 33060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP FOUNTAIN, JOHN 107 LARKSPUR ST SPRINGFEILD MA 01108	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Mary Ficara -D 935 S.E 9th Ave #9 Pompano bch. fl 33060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LAKES, DONALD 158 WOODMONT ST W. SPRINGFEILD MA 01089	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Nick Santanella - D 935 S.E 9th Ave #1 Pompano Bch, fl. 33060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMEOLI, CARLOS 1524 CENTER ST. ARKADELPHIA AR 71923	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIMEOLI, CARLO, 935 S.E. 9TH AVE. #15 POMPANO BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Kathleen Maounis D 935 S.E 9th Ave #7 Pompano Bch, fl. 33060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____