2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90005 015 ****61.25

DOCUMENT # 712403

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

C/O J & L PROPERTY MGMT INC
10191 W SAMPLE RD #203
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name: Jenna Management

Street Address (P.O. Box Number is Not Acceptable): 1881 N. E 26th St

City: Ft. Lauderdale FL Zip Code: 33305

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.

SIGNATURE: Kathleen Maovris 3-2-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LOZITO, DELORES 435 S.E. 9TH AVE #6 POMPANO BCH FL 33060	☒ Delete	DT Albert Bajada 935 SE 9th Ave #11 Pompano Bch. FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT LAKES, DONALD 158 WOODMONT ST W. SPRINGFEILD MA 01089	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT SIMEOLI, CARLOS 1524 CENTER ST. ARKADELPHIA AR 71923	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATHLEEN MAOVRIS 935 SE 9TH AVE #7 POMPANO BEACH FL 33060	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICK SANTANELLA 935 SE 9TH AVE #1 POMPANO BCH FL 33060	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Kathleen Maovris 3-2-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #