NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90117 040 ****61.25

DOCUMENT # 712403

1. Entity Name
CYPRESS ISLAND APTS. #4 INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
935 SE 9TH AVE
Suite, Apt. #, etc.
POMPANO BEACH, FL
Zip 33060 Country

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name JENNA MANAGEMENT INC
Street Address (P.O. Box Number is Not Acceptable)
1881 NE 26TH ST.
STE 212
City FORT LAUDERDALE FL Zip 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 X VINCENT CATANIA 4/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE		TD	TITLE	
NAME	DONALD LAKE		NAME	
STREET ADDRESS	935 SE 9TH AVE		STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	33060	CITY-ST-ZIP	
TITLE		PD	TITLE	
NAME	ALBERT BAJADA		NAME	
STREET ADDRESS	935 SE 9TH AVE		STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	33060	CITY-ST-ZIP	
TITLE		VPD	TITLE	
NAME	CARLO SIMEOLI		NAME	
STREET ADDRESS	935 SE 9TH AVE		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	POMPANO BEACH FL	33060	CITY-ST-ZIP	
TITLE		D	TITLE	
NAME	MARJORIE WEBER		NAME	IN THIS SPACE
STREET ADDRESS	935 SE 9TH AVE		STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	33060	CITY-ST-ZIP	
TITLE		SD	TITLE	
NAME	KATHLEEN MAGNIS		NAME	
STREET ADDRESS	935 SE 9TH AVE		STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	33060	CITY-ST-ZIP	
TITLE			TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X ALBERT BAJADA 4/4/02 954 942 4918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #