2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 712403

Entity Name: CYPRESS ISLAND APTS. #4, INC.

Current Principal Place of Business:

935 SE 9TH AVENUE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

935 SE 9TH AVENUE
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 59-1198660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENNA MANAGEMENT, INC
1881 NE 26TH STREET
SUITE 212
FORT LAUDERDALE, FL 33305 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: LIZOTTE, ADLENE
Address: 935 SE 9TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD ( ) Delete
Name: WILSON, VIOLA
Address: 935 SW 9TH AVE 14
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD ( ) Delete
Name: DILLMAN, KENNETH
Address: 935 SE 9TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD ( ) Delete
Name: LABITA, JOSEPH
Address: 935 SE 9TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: MOSTDAGELO, JOSEPH
Address: 935 SE 9TH AVE
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:

Title: D (X) Change ( ) Addition
Name: RACHON, ANDRE
Address: 935 SE 9TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

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: ARLENE LIZOTTE PD 03/11/2009

Electronic Signature of Signing Officer or Director — Date