FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713597

(3)

FILED Feb 06 1998 8:00am Secretary of State

CYPRESS LAKE EAST #4, INC.							
Principal Place of Business Mailing Address						- CHANSEL JARRE 1980N SEIRI MILLO LOCAL BORT BANDI BERKE MINIT MINUL I	NIEN ENDIN NEU
711 S.E. 7TH AVENUE 711 S.E. 7TH AVENUE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060						· —	Applied For
2. Principal Place of Business 2a. Mailing Address							Not Applicable
21 26							Additional Required
Suite Apt. #, etc. Suite, Apt. #, etc.							May Be
22 27							to Fees
City & Stat	City & State	City & State			7. Is this nonprofit corporation a horreowners association? Yes \sum No		
Zip				Country		8. This corporation owes or has paid the current year is	ntarcible
24	25 29		30			Personal Property Tax due June 30.	☑ No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
1				81	Name		
MILLS, VERNON B				82 3	Street Addre	ess (P.O. Box Number is Not Acceptable)	
711 S.E. 7TH AVENUE, #1				83			
POMPANO BEACH FL 33060							
1	1.0				City	₽L │ ↓ `	Code
11. Pursuant to the provisors of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registers							
11. Pursuant to the provisions of Sections 6ff.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar wittr, and accept the oplications of, Section 617.0503, Florida Statutes.							
I SIGNATURE /// U/ U/UU' V 3. N					15	1115 198	
12.	Signature, typed or printed name of agistered ager OFFICERS AND		Registered	Agent s	signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	PRS IN 12
TITLE	PD	DELETE 1.1		LE		Change	
NAME	MILLS, VERNON B			ИE			Ē
STREET ADDRESS	1		1.3 STREET ADDRESS		DAESS		ا ئا
CITY-ST-ZIP_	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP		ZIP		
TITLE	D DELETE		2.1 TITLE			Change	☐ Addition C
NAME	LESNIEWSKI, ANTHONY		2.2 NAME				
STREET ADDRESS	59 EARL ROAD HUNTINGTON STATION NY 11747		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		·		ľ
CITY-ST-ZIP TITLE	DELETE		3.1 TITLE		ZIP	Change	Addition
NAME	INGRAM, VERONICA		3.2 NAME		1		_
STREET ADDRESS	10 S.W. 136TH ST.		3,3 STR	EET ADI	DRESS		1
CITY-ST-ZIF	NEW RICHLAND MN 56072		3.4. CIT	3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITE	£		Change	Addition
NAME	MILLS, JEANNE		4. 2 NAI	ME			
STREET ADDRESS	711 S.E. 7TH AVE., #5		4.3 STRI				
CITY-ST-ZIP	POMPANO BEACH FL 33060	DELETE	4.4 CITY - S		IP .	Change	Addition
TITLE NAME	D Finn, pat	FTI DETEIE	5.1 TITLE 5.2 NAME			L. Change	L! Addition
STREET ADDRESS	711 S.E. 7TH AVENUE				npree		
CITY-ST-ZIP	POMPANO BEACH FL 33060		5.3 STREET 5.4 CITY - S				
TITLE				6.1 TITLE		Change	Addition
NAME			6.2 NAM	ΛE	- 1		}
STREET ADDRESS			6.3 STR	EET ADI	DRESS		
City-ST-ZiP			6.4 CITY				
14. I hereby o	ertify that the information supplied wit	th this filing does not qualify for	the exen	nptior	n stated in S	ection 119.07(3)(i), Florida Statutes. I further certify that the	e information

• 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 of supplier antal 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 of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Plack 12 if chapter is a state of the corporation.

SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

]//

954 -941-714)
Dayline Phone Page 107