

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90011 009 ****61.25

DOCUMENT # 723866

1. Entity Name

CYPRESS LAKE NO. 3, INC.



Principal Place of Business

Mailing Address

701 S E 15TH ST
#4
POMPANO BEACH FL 33060

701 S E 15TH ST
#4
POMPANO BEACH FL 33060

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2087980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, EDWARDS
701 SE 15TH ST #4
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: STD ☐ Delete
NAME: RUSSELL, EDWARDS
STREET ADDRESS: 701 SE 15TH ST
CITY, ST, ZIP: POMPANO BEACH FL

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: VP ☐ Delete
NAME: HAILEY, CINDY
STREET ADDRESS: 701 SE 15TH STREET
CITY, ST, ZIP: POMPANO BEACH FL

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: D ☒ Delete
NAME: ALLBRIGHT, JYUDE
STREET ADDRESS: 701 SE 15TH ST
CITY, ST, ZIP: POMPANO BEACH FL

TITLE: D ☒ Change ☐ Addition
NAME: EDWARDS, JAMES
STREET ADDRESS: 701 SE 15 ST
CITY, ST, ZIP: POMPANO BEACH FL

TITLE: PD ☐ Delete
NAME: HALLEY, JOHN
STREET ADDRESS: 701 SE 15TH ST
CITY, ST, ZIP: POMPANO BEACH FL

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY, ST, ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY, ST, ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Handwritten Signature]

7/27/07 954-804-2296