FILE NOW: FILING FEE IS $61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90120 013 ****61.25

0025772

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723870

1. Corporation Name
CYPRESS LAKE NO. 8, INC.

Principal Place of Business	Mailing Address
751 S.E. 15TH STREET POMPANO BEACH FL 33060-9441	751 S.E. 15TH STREET POMPANO BEACH FL 33060-9441

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/23/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1026455 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DEAN, CINDY M.
741 E MCNAB ROAD UNIT 4
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name DOREEN BERNARD
82 Street Address (P.O. Box Number is Not Acceptable) 751 E MCNAB RD.
83
84 City Pompano Beach FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Doreen Bernard — 1-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEPHAN, RICHARD		1.2 NAME		
STREET ADDRESS	761 SE 15TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARR,KATHLEEN		2.2 NAME		
STREET ADDRESS	751 SE 15TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PATE, W. G.		3.2 NAME		
STREET ADDRESS	751 SE 15TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		3.4. CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITNEY, ROBERT M.		4. 2 NAME		
STREET ADDRESS	715 S.E. 15TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEAN, CINDY M.		5.2 NAME		
STREET ADDRESS	741 E. MCNAB ROAD UNIT 4		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HELM, CHERYL		6.2 NAME		
STREET ADDRESS	761 SE 15TH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doreen Bernard **SIGNATURE REQUIRED** — 1-7-99 — 954 941-6879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #