

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 723870 1. Entity Name CYPRESS LAKE NO. 8, INC.	
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Principal Place of Business 751 S.E. 15TH STREET POMPANO BEACH, FL 33060-9441	Mailing Address 1750 UNIVERSITY DR 205 CORAL SPRINGS, FL 33071
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01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1026455	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR # 205 CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALLMARK, DEBRA 751 SE 15 ST # 4 POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, LINDA 751 SE 15 ST # 2 POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOTON, FREDOIE 751 SE 15 ST # 3 POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, SILVAMA 751 SE 15 ST # 1 POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/24/06-80006-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/06 954 3416 346