## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#723870** 

Entity Name: CYPRESS LAKE NO. 8, INC.

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

751 S.E. 15TH STREET

POMPANO BEACH, FL 330609441

Current Mailing Address: New Mailing Address:

1750 UNIVERSITY DR 751 E, MCNAB ROAD

CORAL SPRINGS, FL 33071 POMPANO BEACH, FL 33060

FEI Number: 59-1026455 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWIFT MANAGEMENT SOLUTIONS HALLMARK, DEBERA J 1750 UNIVERSITY DR 751 E. MCNAB ROAD

1750 UNIVERSITY DR 751 E. MCNAB ROAD #205 #4

CORAL SPRINGS, FL 33071 US POMPANO BEACH, FL 33060 US

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: DEBERA J. HALLMARK 04/11/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD ( ) Delete Title: VSD (X) Change ( ) Addition

Name: HALLMARK, DEBRA Name: HALLMARK, DEBERA

 Address:
 751 SE 15 ST # 4
 Address:
 751 SE 15 ST # 4

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:
 POMPANO BEACH, FL 33060

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

Name: LEWIS, LINDA Name:

 Address:
 751 SE 15 ST # 2
 Address:
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:

Title: SD ( ) Delete Title: TD (X) Change ( ) Addition

Name: BOTON, FREDDIE Name: LEE, SILVANA

 Address:
 751 SE 15 ST # 3
 Address:
 751 SE 15TH STREET #1

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:
 POMPANO BEACH, FL 33060

Title: TD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LEE, SILVAMA
 Name:

 Address:
 751 SE 15 ST # 1
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBERA J. HALLMARK VSD 04/11/2007