

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723871

FILED
Jan 19, 2005
Secretary of State

Entity Name: CYPRESS LAKE NO. 12, INC.

Current Principal Place of Business:

1371 SE 9TH AVENUE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1371 SE 9TH AVENUE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-2249342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAY, CAROL
1371 SE 9TH AVE
APT 4
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LATTIMER, BARBARA,
Address: 1371 SE 9TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: STD () Delete
Name: MURRAY, CAROL
Address: 1371 SE 9TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: PD () Delete
Name: BURKE, THERESE
Address: 1371 SE 9TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: V () Delete
Name: HOYT, HAROLD
Address: 1371 SE 9TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL MURRAY

STD

01/19/2005

Electronic Signature of Signing Officer or Director

Date