

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752759 (1)

1. Corporation Name

THE CYPRESS AT WOODMONT - III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351
Mailing Address: 10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351

3. Date Incorporated or Qualified: 06/03/1980
3a. Date of Last Report: 03/21/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-2278562
Applied For: Not Applicable

22. Suite, Apt. #, etc. (22) 27. Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State (23) 28. City & State (28)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip (24) 25. Country (25) 29. Zip (29) 30. Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMORIELLO, PATRICK
10001 W. OAKLAND PARK BOILEVARD
SUITE 300
SUNRISE FL 33351

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: *[Signature]*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 2/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	REARDIGAN, GREG	
STREET ADDRESS	7410 WOODMONT TER #202	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLOOM, MARIYN	
STREET ADDRESS	7435 WOODMONT TER. #204	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KARSON, LORRAINE	
STREET ADDRESS	7410 WOODMONT TER. #101	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARBLESTON, ANSEL	
STREET ADDRESS	7460 WOODMONT TER. #106	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COROLLA, JOE	
STREET ADDRESS	7406 WOODMONT TER. #104	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KEYTON, LYNN	
STREET ADDRESS	7260 WOODMONT TER. #104	
CITY-ST-ZIP	TAMARAC FL 33321	

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Reardigan, Greg	
13 STREET ADDRESS	7410 Woodmont Ter #202	
14 CITY-ST-ZIP	Tamarac, FL 33321	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Bloom, Marilyn	
23 STREET ADDRESS	7435 Woodmont Ter #204	
24 CITY-ST-ZIP	Tamarac, FL 33321	
31 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Karson, Lorraine	
33 STREET ADDRESS	7410 Woodmont Ter #101	
34 CITY-ST-ZIP	Tamarac, FL 33321	
41 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Marblestone, Ansel	
43 STREET ADDRESS	7460 Woodmont Ter #106	
44 CITY-ST-ZIP	Tamarac, FL 33321	
51 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Erickson, Dolores	
53 STREET ADDRESS	7260 Woodmont Ter #105	
54 CITY-ST-ZIP	Tamarac, FL 33321	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2/3/96 DAYTIME PHONE #: 954 491 4666

CR2E037 (12/95)