FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

752759

(1)

THE CYPRESS AT WOODMONT - III CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business

Mailing Address

FILED Mar 20 1997 8:00am Secretary of State



Suite 300	AND PARK BLVD.	1000) W. OAKLAND PARK BLVD. SUITE 300			
Sunrise FL 333	951	SUNRISE FL 33351-6925		3. Date Incorporated or Qualified 3a. Date of Last Report	
				06/03/1980 03/13/1996	
2. Paincited Pi	ace of Business	2a. Mailing Appress]	11.7	4. FEI Number Applied F	or
	O MAINOS NO	26/04/15 14	A/05 1	59-2278562 Not Appli	
Suite, Apt	#, etc.	Suite, Apt #, etc.	•	5. Certificate of Status Desired S8.75 Addition	al
City & State	R188, FL	City & State	77	6. Election Campaign Financing \$5.00 May B	
740	Chuoty C	28 30V 11C(8C	Couling /	Trust Fund Contribution Added to Fees 8. This corporation has liability for intengible tax under s. 199.0:	
<u>ス</u> 333	5 (25 USA)	29 3 335(30	JVO76	Florida Statutes Yes No)e,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent					
AMODIELLO DITRIOV				noted mak to WAGRONITI	1
AMORIELLO, PATRICK			82 Street	Address (P.O. Box Number is Not Acceptable)	
10001 W. OAKLAND PARK BOILEVARD				N= 17 1 - 17 1	
SUITE 300 SUNRISE FL 33351			39	75 Niatus Na	
SUMMSE	. FL 55351	,"	84 City	5UN RISE FL 15335	51
11. Pure unit 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 X 1/1 / 1/2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /					
	Signature, typed or plytted name of registered agent is			e required when reinslating) DATE	
12.	OFFICERS AND I	DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ddition o
TITLE NAME	REARDIGAN, GREG	□1 berrir	1.2 NAME	Praedicula Gran	Allion 18
STREET ADDRESS	7410 WOODMONT TER #202	1	1.3 STREET ADDRESS	7410 Woodmon'T OTEKR #202	٤
CITY-ST-ZIF	TAMARAC FL		1.4 CITY - ST - ZIP	TAMORAC, FL 33321	. 2
TITLE	SD	DELETE	2.1 TITLE		ddition C
NAME	KARSON, LORRAINE		2.2 NAME	KARSON, LORROLING	
STREET ADDRESS	7410 WOODMONT TER. #101		2.3 STREET ADDRESS	7410 Woodmont RRR #101	
CITY - ST - ZIP	TAMARAC FL		2. 4 CITY-ST-ZIP	TAMARAC, FL 33321	
TILLE	PD	☐ DELETE	3 1 TITLE	Change A	ddition
NAME	MARBLESTON, ANSEL		32 NAME		
STREET ADDRESS	7460 WOODMONT TER. #106		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL VD	₩ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	☐ Change ☐ A	ddition
TITLE NAME	ERICKSON, DOLORES	CAI DEFETT	4. 2 NAME	ا ت المالية ال	2010/01
STREET ADDRESS	7260 WOODMONT TER 105		4.3 STREET ADDRESS		
CITY - ST - ZIP	TAMARAC FL		4.4 CITY-ST-ZIP	}	
THLE	TD	DELETE	5.1 TITLE	TD Change A	ddition
NAME	KEYTON, LYNN		5.2 NAME	Edward BURCZ	
STREET ADDRESS	7260 WOODMONT TER. #104		53 STREET ADDRESS	7460 Woodmont TERRACE HIOF	
CITY-ST-ZIP	TAMARAC FL 33321		5 4 City-St-ZIP	TAMARAC, FL 33321	
TITLE	SD	☐ DELETE	6.1 TITLE	SD _ Change DA	ddition
NAMÉ			6.2 NAME	Christa TiffAuy	
STREET ADDRESS			6.3 STREET ADDRESS	7368 Woodman T TELER # 205	
14 Ldo herel	ov certify that the information supplied	with this filing does not qualify f	6.4 City-St-ZiP or the exemption s	Stated in Section 119.07(3)(i). Florida Statutes, I further certify that the	
14. I do 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 variety requiremental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that he same legal effect as if					
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 //3/if changes) or organ attachines with an address.					
CICHATURE (MALLY MINISTER MALLE MAN 14 1997)					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Days Phone # 0037943					