


FILE NOW: FILING FEE IS \$61.25

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Mar 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752759

1. Corporation Name

THE CYPRESS AT WOODMONT - III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3475 HIATUS RD
 SUNRISE FL 33351
 US

Mailing Address

3475 HIATUS RD
 SUNRISE FL 33351
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	A & M Property Mgmt Suite, Apt. #, etc.	26	A & M Property Mgmt., Suite, Apt. #, etc.	In 06/03/1980	
22	3475 N. Hiatus Road	27	3475 N. Hiatus Road	4. FEI Number -59-2278562	
23. SUNRISE, FL		28. Sunrise, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. 33351		29. 33351		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALDRON, MICHAEL H III 3475 HIATUS RD. SUNRISE FL 33351				81 Name A & M Property Management, Inc.			
				82 Street Address (P.O. Box Number is Not Acceptable) 3475 N. Hiatus Road			
				83			
				84 City Sunrise			
				85 Zip Code FL 33351			

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REARDIGAN, GREG	1.2 NAME	Frances Keyton
STREET ADDRESS	7410 WOODMONT TER #202	1.3 STREET ADDRESS	7260 Woodmont Ter. #103
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARSON, LORRAINE	2.2 NAME	
STREET ADDRESS	7410 WOODMONT TER. #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARBLESTON, ANSEL	3.2 NAME	Marbelstone, Ansel
STREET ADDRESS	7460 WOODMONT TER. #106	3.3 STREET ADDRESS	7460 Woodmont Ter. #106
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIFFANY, CRISTA	4.2 NAME	
STREET ADDRESS	2368 WOODMONT TERR #205	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCZ, EDWARD	5.2 NAME	
STREET ADDRESS	7260 WOODMONT TER. #104	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **3/14/99** DAYTIME PHONE #: **954-711-4666**

CRZE037 (11/98)