

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90212 043 ****61.25

DOCUMENT # 756521
 1. Entity Name
 CYPRESS CREEK VILLAS OF CORAL SPRINGS III
 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 10034 W MCNAB RD 10034 W MCNAB RD
 TAMARAC, FL 33321 US TAMARAC, FL 33321 US

94073558



03172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2162451 Not Applicable

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

6. Name and Address of Current Registered Agent
 MILES, JAMES
 10034 W MCNAB RD
 TAMARAC, FL 33321

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JANS, BOB
STREET ADDRESS	10034 W MCNAB RD
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VPD
NAME	JANS, NANCY
STREET ADDRESS	10034 W MCNAB RD
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	STD
NAME	GILLAGAN, LAURA
STREET ADDRESS	10034 W MCNAB RD
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Jans Date: 4/12/04 Daytime Phone #: 718-9903(84)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR