



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90426 004 \*\*\*\*61.25

<b>DOCUMENT # N00000005209</b>					
1. Entity Name GRAND CYPRESS ESTATES ASSOCIATION, INC.					
Principal Place of Business % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES ROAD CORAL SPRINGS, FL 33067			Mailing Address % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES ROAD CORAL SPRINGS, FL 33067		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1036437	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LITOW, LAURENCE S 1 EAST BROWARD BLVD., STE 1010 FORT LAUDERDALE, FL 33301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	DIRECTOR - SEC/TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LITOW, LAURENCE S	NAME	HAYS, RON		
STREET ADDRESS	<del>350 EAST LAS OLAS BLVD, SUITE 1250</del>	STREET ADDRESS	5923 NW 91 AVE		
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33304</del>	CITY-ST-ZIP	PARKLAND, FL 33067		
TITLE	DV <input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLOMON, PAUL	NAME	SOLOMON, PAUL		
STREET ADDRESS	<del>4171 W HILLSBORO BLVD, SUITE #3</del>	STREET ADDRESS	6331 NW 93rd Ave		
CITY-ST-ZIP	<del>COCONUT CREEK, FL 33073</del>	CITY-ST-ZIP	PARKLAND, FL 33067		
TITLE	DST <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGILVRAY, TRACEY	NAME	LITOW, LAURENCE S		
STREET ADDRESS	1000 SOUTH PINE ISLAND ROAD, SUITE 430	STREET ADDRESS	ONE East Broward Blvd, #1010		
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Fort Lauderdale, FL 33301		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		4/15/05		954-3445353	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	