


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90125 001 ****61.25

DOCUMENT # N00000005209

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

N0000000

2. Principal Place of Business *c/o*
UNITED Community Mgmt
 Suite, Apt. #, etc.
11784 W. Sample Road


3. Mailing Address *c/o*
UNITED Community Mgmt
 Suite, Apt. #, etc.
11784 W. Sample Road

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33065

Country
USA



04142006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

LITOW, LAURENCE S
 1 EAST BROWARD BLVD., STE 1010
 FORT LAUDERDALE, FL 33301

4. FEI Number
65-1036437

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LITOW, LAURENCE S	
STREET ADDRESS	6331 NW 93RD DROVE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SOLOMON, PAUL	
STREET ADDRESS	6331 NW 93RD DRIVE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	HAYS, RON	
STREET ADDRESS	5923 NW 91 AVE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITOW, L S	
STREET ADDRESS	ONE EAST BREWARD BLVD #1010	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES FENOGLIO	
STREET ADDRESS	9057 NW 58 COURT	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/14/06* Daytime Phone #: *954-375-1200*