2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2001 8:00 am Secretary of State **DOCUMENT # N19654** 1. Entity Name CYPRESS (LAS VERDES) CONDOMINIUM ASSOCIATION, IN 03-14-2001 90476 037 ****61.25 Principal Place of Business Mailing Address 6401 CONGRESS AVE 6401 CONGRESS AVE STE-140 STE-140 **BOCA RATON FL 33487 BOCA RATON FL. 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0010627 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LIPPMAN, KAREN 6401 CONGRESS AVE STE-140 City Zip Code **BOCA RATON FL 33487** FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE **□** Change Delete STETTNER, AUGUSTA stellner, August NAME NAME 5370 LAS VERDES CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-ST-ZIP SD 2 D Addition TITLE TITLE ☐ Change Delete CECERE, MARTHA NAME NAME catherine 5370 LAS VERDES CIR #107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP DELRAY BEACH FL 33484 Addition ☐ Delete TITLE TITLE LANE, GERALDINE allien Runto NAME NAME 3>0630 eldes circle 5370 LAS VERDES CIR #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33484 Change TITLE ☐ Delete TITLE Leonardinardel baisin DEVESTINE, MURRAY NAME NAME 5370 lag bolder chrole 5370 LAS VERDES CIR #119 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33484 VD رانی ST در د Change ddition TITLE TITLE Bernard Watnik STETTNER, AUGUSTA NAME NAME STREET ADDRESS 5370 LAS VERDES CIR #322 STREET ADDRESS 5370 lag U clay clothe CITY-ST-7IP CITY-ST-7IP DELRAY BEACH FL 33484 Change TITLE ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

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with an address, with all other like empowered