FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2002 8:00 am Secretary of State **DOCUMENT # N19654** 1. Entity Name 04-24-2002 90252 048 ****61.25 CYPRESS (LAS VERDES) CONDOMINIUM ASSOCIATION, IN C. Principal Place of Business Mailing Address 6401 CONGRESS AVE 6401 CONGRESS AVE STE-140 STE-140 BOCA RATON FL 33487 **BOCA RATON FL 33487** US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0010627 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LIPPMAN, KAREN **8401 CONGRESS AVE** STE-140 Zip Code City POCA RATON FL 33487 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change VD./ ☐ Delete TITLE TITLE STETTNER, AUGUST NAME NAME STREET ADDRESS STREET ADDRESS 5370 LAS VERDES CIRCLE CITY-ST-7IP CITY-ST-ZIP Delray Beach Fl ☐ Addition ☐ Change ☐ Delete TITLE TITLE STETTNER, CATHERINE NAME NAME STREET ADDRESS STREET ADDRESS 5370 LAS VERDES CIRCLE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Change Addition PD/~~ Delete TITLE TITLE NAME LANE, GERALDINE NAME STREET ADDRESS STREET ADDRESS 5370 LAS VERDES CIR #102 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33484 Change .Addition ☐ Delete TITLE TITLE NAME DEVESTINE, MURRAY NAME STREET ADDRESS STREET ADDRESS 5370 LAS VERDES CIR #119 WRY CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33484 Change Delete TITLE TITLE RUNTOR, LILLIAN NAME NAME STREET ADDRESS STREET ADDRESS 5370 LAS VERDES CIRCLE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33484

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

□ Delete

SIGNATURE:

WATNIK, BERNARD

5370 LAS VERDES CIRCLE

|DELRAY BEACH FL 33484

NAME STREET ADDRESS

CITY-ST-7IP

JY U.S.

1-6/2.11

4-11-02 495-4515

Change

Addition