2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # N19654 1. Entity Name CYPRESS (LAS VERDES) CONDOMINIUM ASSOCIATION, INC.						04-12-2004 90315 007 ****61.25				
						94049934				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022004	Chg-NP	CR2E03	7 (10/03)		
City & State		City & State			4. FEI Numb 65-001				plied For of Applicable	
Zip	Country	Zip	Cou	intry	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	\gent		
LIPPMAN, KAREN				Name Street Address (P.O. Box Number is Not Acceptable)						
6401 CONGRESS AVE STE-140 BOCA RATON, FL 33487				0.700(7.0						
DOOMIN	1011,12 00407			City				Zip Code	e	
							FL			
the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing	its register	ed office or	registered agent, or bo	th, in the State of F	lorida. I am t	amiliar with,	and accept	
SIGNATURE .							<u> </u>			
	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registere	d Agent signatur	re required when reinstating)		DATE			
¥ &	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2004	9. Election C		inancing	\$5.00 May 6 Added to Fees		Make check orida Depart			
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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), Fiorida 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIE

Daytime Phone #