2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State
06-24-2005 90003 040 ****61.25

DOCUMENT # N19654

1. Entity Name
CYPRESS (LAS VERDES) CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6401 CONGRESS AVE STE-140 BOCA RATON, FL 33487 US	6401 CONGRESS AVE STE-140 BOCA RATON, FL 33487 US

DO NOT WRITE IN THIS SPACE

05182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0010627
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIPPMAN, KAREN
6401 CONGRESS AVE
STE-140
BOCA RATON, FL 33487

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

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STETTNER, AUGUST
STREET ADDRESS	5370 LAS VERDES CIRCLE #322
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	SD
NAME	STETTNER, CATHERINE
STREET ADDRESS	5370 LAS VERDES CIRCLE #322
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	PD
NAME	LANE, GERALDINE
STREET ADDRESS	5370 LAS VERDES CIR #102
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	TD
NAME	DEVESTINE, MURRAY
STREET ADDRESS	5370 LAS VERDES CIR #119
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D
NAME	NEELY, RALPH
STREET ADDRESS	5370 LAS VERDE CIR #223
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D
NAME	WATNIK, BERNARD
STREET ADDRESS	5370 LAS VERDES CIRCLE #116
CITY-ST-ZIP	DELRAY BEACH, FL 33484

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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), 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: Geraldine L Lane Geraldine L Lane 06-01-05 (561) 495-4515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #