2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N19654

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

Current Principal Place of Business:

1200 S ROGERS CIRCLE
STE 3
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

1200 S ROGERS CIRCLE
STE 3
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0010627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPPMAN, KAREN
1200 S. ROGERS CIRCLE STE 3
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	STETTNER, AUGUST	
Address:	5370 LAS VERDES CIRCLE #322	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	SD	( ) Delete
Name:	STETTNER, CATHERINE	
Address:	5370 LAS VERDES CIRCLE #322	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	PD	( ) Delete
Name:	LANE, GERALDINE	
Address:	5370 LAS VERDES CIR #102	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	D	( ) Delete
Name:	GATEMAN, AL	
Address:	5370 LAS VERDES CIR, # 320	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	T	( ) Delete
Name:	DERSHIRE, MORNAY	
Address:	5370 LAS VERDES CIRCLE #118	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	D	( ) Delete
Name:	GIOVERE, DONALD	
Address:	5370 LAS VERDES CIRCLE #105	
City-St-Zip:	DELRAY BEACH, FL 33484	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VP	(X) Change ( ) Addition
Name:	STETTNER, AUGUST	
Address:	5370 LAS VERDES CIRCLE #322	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	LANE, GERALDINE	
Address:	5370 LAS VERDES CIR #102	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	DEVESTINE, MURRAY	
Address:	5370 LAS VERDES CIRCLE #119	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALDINE LANE P 04/06/2009

Electronic Signature of Signing Officer or Director — Date