## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N19654**

1. Entity Name

## CYPRESS (LAS VERDES) CONDOMINIUM ASSOCIATION, IN C.



Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90743 024 \*\*\*\*61.25

**FILED** 

Ргілсіраі Ріас	e or business	Malling Add	C33		ı					
6401 CONGRESS AVE STE-140 BOCA RATON FL 33487 US		6401 CONGRESS AVE STE-140 BOCA RATON FL 33487 US						! <b>6</b> 1 <b>6</b> 11 <b>6</b> 1 <b>8</b> 14 <b>1</b>	(#11 21 <b>3</b> 1) 41 <b>3</b> 1	1 02 <b>0</b> 11 2 <b>10</b> 2
2. Principal Place of Business		3. Mailing Address								1000 100
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & St	City & State			4. FEI Number 65-0010627			plied For Applicable	
Zip	Country	Zip		Country		5. Certificate of S	Status Desired		3.75 Addi e Required	
	6. Name and Address of Current	Registered Age	ed Agent			7. Name and Address of New Registered Agent				
				Name						
LIPPMAN, KAREN			==: ಚಾಕ್ರಾಫ್ತ	Street	Address (F	O.*Box Number is	Not Acceptable)-			
6401 CONGRESS AVE										
STE-140										
BOCA RATON FL 33487			City					FL	Zip Code	
9. The above	named entity submits this statement fo	r the purpose of	changing its rea	nistered office o	r registere	d agent or both i	n the State of Florid	a lam fam	niliar with a	and accept
	tions of registered agent.	i ine purpose or	changing its reg	gistered office c	i regiolere	a agent, or both, r	Title Glate of Florida	a a	micai eensi, c	ina accopt
<b>J</b>										
SIGNATURE .										
SIGNATORE :	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	egistered Agent signa	ture required v	vhen reinstating)		DATE		
	<del> · ··· · · · · · · · · · · · · · ·</del>									
ı	FILE NOW: FEE IS \$61.25	9.	Election Campa	aign Financing		\$5.00 May Be	Make	Check F	ayable 1	(O-
ļ	FILE NOW: FEE 15 \$61.25		Trust Fund Con	tribution.		Added to Fees	l l	Departm	-	
							j			
10.	OFFICERS AND DIE	RECTORS		11.			GES TO OFFICERS			
TITLE	VD		Delete	TITLE		no RAI	m LEDA ERDES CII	Ara [	] Change	Addition
NAME	STETTNER, AUGUST			NAME	MAN		er des cu	11 100 h	L 12-	, `
STREET ADDRESS	5370 LAS VERDES CIRCLE			STREET ADDRESS	537	D LAS U	EXPES CIT	765	,,,,	
CITY-ST-ZIP	DELRAY BEACH FL			CITY-ST-ZIP	DEL	RAY BER	CH, FL	3348	.4	i
TITLE	SD	Ę	3 Delete	TITLE		/			Change	☐ Addition
NAME	STETTNER, CATHERINE			NAME						[
STREET ADDRESS	5370 LAS VERDES CIRCLE			STREET ADDRESS	İ					Ì
CITY-ST-ZIP	DELRAY BEACH FL 33484						•			
TITLE	PD			CITY-ST-ZIP						
	110		Delete	CITY-ST-ZIP TITLE			•		☐ Change	Addition
NAME	LANE, GERALDINE		Delete ⊱⊣,• >≡⊃-∴, तक		-,		·			Addition
NAME STREET ADDRESS	LANE, GERALDINE		Delete 	TITLE	,		.، خد جنين.	, <u>,</u> _	Change	Addition
	LANE, GERALDINE		Delete Angrees ⊃na andre	TITLE			is the second	` ~	] Change	Addition
STREET ADDRESS	LANE, GERALDINE 5370 LAS VERDES CIR #102	and the second	Delete	TITLE - NAME	-,		· in the section .	` ~	Change	Addition
STREET ADDRESS CITY-ST-ZIP	LANE, GERALDINE 5370 LAS VERDES CIR #102 DELRAY BEACH FL 33484	and the second	ಸ ಕ್ರಕ್ಷ ≑ಕ್ರ⊃⊷್ನ ನಾಗ	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	-,		· in the species .	` ~		
STREET ADDRESS CITY-ST-ZIP TITLE	LANE, GERALDINE 5370 LAS VERDES CIR #102 DELRAY BEACH FL 33484 TD	and the second	ಸ ಕ್ರಕ್ಷ ≑ಕ್ರ⊃⊷್ನ ನಾಗ	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE			· in the second .	` ~		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	LANE, GERALDINE 5370 LAS VERDES CIR #102 DELRAY BEACH FL 33484 TD DEVESTINE, MURRAY	and the second	ಸ ಕ್ರಕ್ಷ ≑ಕ್ರ⊃⊷್ನ ನಾಗ	TITLE  NAME				` ~		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LANE, GERALDINE 5370 LAS VERDES CIR #102 DELRAY BEACH FL 33484 TD DEVESTINE, MURRAY 5370 LAS VERDES CIR #119	E	ಸ ಕ್ರಕ್ಷ ≑ಕ್ರ⊃⊷್ನ ನಾಗ	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANE, GERALDINE  5370 LAS VERDES CIR #102  DELRAY BEACH FL 33484  TD  DEVESTINE, MURRAY  5370 LAS VERDES CIR #119  DELRAY BEACH FL 33484	E	a राज्य भ्डाच्या स्थापना व्यापना विकास	TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
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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.

**SIGNATURE:** 

De Gredin BF Fand Fludielen

04-11-03

495-4515

CR2E037 (10/02)