


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90031 022 ****61.25

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1. Entity Name
 CYPRESS POINTE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
 2035 HARDING STREET
 SUITE 200
 HOLLYWOOD, FL 33020 US

Mailing Address
 2035 HARDING STREET
 SUITE 200
 HOLLYWOOD, FL 33020 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03152004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2031220

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLODAK, EDWARE F ESQ
 TUCKER & TIGHE, P.A.
 800 E. BROWARD BLVD., SUITE 505
 FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BATISTA, JOHN	
STREET ADDRESS	820 CYPRESS POINTE DRIVE EAST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CASAS, MONICA	
STREET ADDRESS	540 CYPRESS POINTE DR E	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VINE, MAURICE	
STREET ADDRESS	621 CYPRESS POINTE DRIVE EAST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FABRICIUS, VALENTINE	
STREET ADDRESS	620 CYPRESS POINT DR. WEST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JACKIE	
STREET ADDRESS	821 CYPRESS POINTE DRIVE EAST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Batista, John	
STREET ADDRESS	820 Cypress Pointe Dr East	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernandez, Marilyn	
STREET ADDRESS	800 Cypress Pointe Dr West	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fabricius, Valentine	
STREET ADDRESS	620 Cypress Pointe Dr. West	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Jack P	
STREET ADDRESS	821 Cypress Pointe Dr West	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jackie Fernandez* Jackie Fernandez, Pres 3/23/04 922 3514 (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #