

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724954** (3)
1. Corporation Name
CYPRESS CHASE CONDOMINIUM ASSOC "A" INC



Principal Place of Business 2900 N.W. 48TH TERRACE LAUDERDALE LAKES FL 33313	Mailing Address 2900 N.W. 48TH TERRACE LAUDERDALE LAKES FL 33313-1650
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3. Date Incorporated or Qualified 12/06/1972	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1488078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILTON SHAPIRO
~~CONENHARTEN, MILTON~~
2999 NW 48TH TERRACE
LAUDERDALE LAKES FL 33313

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Milton Shapiro* **3/26/97 954-484 6184**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSEN, MORRIS	
STREET ADDRESS	2999 NW 48TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRISCH MILTON FRISCH MILTON	
STREET ADDRESS	2999 NW 48TH AVENUE	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MALONES, LOUIS	
STREET ADDRESS	2900 NW 48TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, MILTON	
STREET ADDRESS	2999 NW 48TH AVENUE	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Milton Shapiro* **3/25/97 954-729-7184**

CR2E037 (9/96)

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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724954 (3)

1. Corporation Name

CYPRESS CHASE CONDOMINIUM ASSOC "A" INC



Principal Place of Business Mailing Address
2900 N.W. 48TH TERRACE 2900 N.W. 48TH TERRACE
LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313-1650

3. Date Incorporated or Qualified 12/06/1972 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Sulte, Apt. #, etc. 26 Sulte, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country
25 30

4. FEI Number 59-1488078 4a. Applied ☐ Not Appl ☐
5. Certificate of Status Desired ☐ \$8.75 Additio Fee Requirc
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Added to Fee
8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHEINGARTEN, MILTON
2998 NW 48TH TERRACE
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81 Name MILTON SHAPIRO
82 Street Address (P.O. Box Number is Not Acceptable) 2999 NW 48TH AVENUE
83 LAUDERDALE LAKES
84 City 33313 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Milton Shapiro

Signature, typed or printed name of registered agent and title if applicable.

954 484 6194

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26 97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	ROSEN, MORRIS			1.2 NAME	ROSEN MORRIS		
STREET ADDRESS	2998 NW 48TH TERRACE			1.3 STREET ADDRESS	2998 NW 48TH TERRACE		
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000			1.4 CITY-ST-ZIP	LAUDERDALE LKS FL 33313		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TD	<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	FRISCH, MILTON			2.2 NAME	BERNARD COHEN		
STREET ADDRESS	2999 NW 48TH AVENUE			2.3 STREET ADDRESS	2998 NW 48 TER		
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000			2.4 CITY-ST-ZIP	LAUDERDALE LKS FL 33313		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	1ST VD	<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	MALONES, LOUIS			3.2 NAME	FOURNIER ANTHONY		
STREET ADDRESS	2900 NW 48TH TERRACE			3.3 STREET ADDRESS	2999 NW 48 AVE		
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000			3.4 CITY-ST-ZIP	LAUDERDALE LKS FL 33313		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	2ND VD	<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	SHAPIRO, MILTON			4.2 NAME	FRISCH MILTON		
STREET ADDRESS	2999 NW 48TH AVENUE			4.3 STREET ADDRESS	2999 NW 48TH AVE		
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000			4.4 CITY-ST-ZIP	LAUDERDALE LKS FL 33313		
TITLE	TREAS	<input type="checkbox"/> DELETE		5.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	BERNARD COHEN			5.2 NAME	SHAPIRO MILTON		
STREET ADDRESS	2998 NW 48 TER APT 301			5.3 STREET ADDRESS	2999 NW 48 AVE		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313			5.4 CITY-ST-ZIP	LAUDERDALE LKS FL 33313		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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