

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 12/06/1972
4. FEI Number 59-1488078
Applied For <input type="checkbox"/> Not Applicable

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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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SHAPIRO, MILTON
2999 NW 48 AVE
LAUDERDALE LAKES FL 33313**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSEN, MORRIS	
STREET ADDRESS	2998 NW 48TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FRISCH, MILTON	
STREET ADDRESS	2999 NW 48TH AVENUE	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MALONES, LOUIS	
STREET ADDRESS	2900 NW 48TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHAPIRO, MILTON	
STREET ADDRESS	2999 NW 48TH AVENUE	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ISIDORE ZIDOW	
1.3 STREET ADDRESS	2998 N.W. 48TH TERR	
1.4 CITY-ST-ZIP	LAUDERDALE LAKES FLA	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOU MALONE	
2.3 STREET ADDRESS	2900 N.W. 48TH TERR	
2.4 CITY-ST-ZIP	LAUDERDALE LAKES FLA	
3.1 TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SOL CHESLOWITZ	
3.3 STREET ADDRESS	2999 N.W. 48TH AVE	
3.4 CITY-ST-ZIP	LAUDERDALE LAKES FLA	
4.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HORACE LINCO	
4.3 STREET ADDRESS	2900 N.W. 48TH TERR	
4.4 CITY-ST-ZIP	LAUDERDALE LAKES FLA	
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		

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 port 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in ged, or on an attachment with an address.

Sandra B. Mortham

CR2E037 (10/97)