2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706775** 

Entity Name: CYPRESS RIDGE APARTMENTS INC

#### **Current Principal Place of Business:**

1401 SE 7TH AVENUE POMPANO BEACH. FL 33060

#### **Current Mailing Address:**

1401 SE 7TH AVENUE APT 4 POMPANO BEACH, FL 33060 US

## FEI Number: 59-1694444

## Name and Address of Current Registered Agent:

ELDER, NANCY 1401 SE 7TH AVENUE APT 4 POMPANO BEACH, FL 33060 US

SIGNATURE: NANCY ELDER 04/26/2023 Electronic Signature of Registered Agent **Officer/Director Detail :** PRESIDENT Title Title VP FLDER, NANCY Name KING. DWAYNE Name

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.

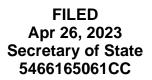
Name	ELDER, NANCY	Name	KING, DWAYNE
Address	1401 SE 7TH AVENUE APT 4	Address	1401 SE 7TH AVENUE APT 10
City-State-Zip:	POMPANO BEACH FL 33060	City-State-Zip:	POMPANO BEACH FL 33060
Title	TREASURER	Title	SECRETARY
Name	DELL, CHRISTINE	Name	ELDER, NANCY
Address	1401 SE 7TH AVENUE APT 7	Address	1401 SE 7TH AVENUE APT 4
City-State-Zip:	POMPANO BEACH FL 33060	City-State-Zip:	POMPANO BEACH FL 33060
Title	DIRECTOR	Title	DIRECTOR
Name	CREZEE, MICHAEL	Name	NIELSEN, KRISTEN
Address	1401 SE 7TH AVENUE APT 11	Address	1401 SE 7TH AVENUE APT 6
City-State-Zip:	POMPANO BEACH FL 33060	City-State-Zip:	POMPANO BEACH FL 33060

I hereby 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 all other like empowered.

TREASURER

# SIGNATURE: CHRISTINE DELL

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

04/26/2023

Date