

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706775

**Entity Name:** CYPRESS RIDGE APARTMENTS INC

**Current Principal Place of Business:**

1401 S E 7TH AVENUE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

1401 S E 7TH AVENUE  
4  
POMPANO BEACH, FL 33060

**FEI Number:** 59-1694444

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SACKS, PAUL A  
1404 SE 7TH AVENUE  
4  
POMPANO BEACH, FL 33060 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BROTHERS, NORMAN  
Address 1401 SE 7TH AVENUE #5  
City-State-Zip: POMPANO BEACH FL 33060

Title VPD  
Name VISSER, JAKE  
Address 1401 SE 7TH AVENUE #12  
City-State-Zip: POMPANO BEACH FL 33060

Title STD  
Name SACKS, PAUL  
Address 1401 SE 7AVE #4  
City-State-Zip: POMPANO BEACH FL 33060

Title VPD  
Name CREZEE, MICHAEL  
Address 1401 SE 7 AVE #11  
City-State-Zip: POMPANO BEACH FL 33060

Title -  
Name MAKNARICK, DONALD  
Address 1401 SE 7AVE #15  
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.*

**SIGNATURE:** PAUL SACKS

STD

02/23/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date