

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712403

Entity Name: CYPRESS ISLAND APTS. #4, INC.**Current Principal Place of Business:**935 SE 9TH AVENUE
POMPANO BEACH, FL 33060**Current Mailing Address:**935 SE 9TH AVENUE
POMPANO BEACH, FL 33060 US**FEI Number:** 59-1198660**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JENNA MANAGEMENT, INC
1401 BENT TWIG COURT
MYRTLE BEACH, FL 29579 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	LIZOTTE, ARLENE
Address	935 SE 9TH AVE
City-State-Zip:	POMPANO BEACH FL 33060

Title	TREASURER
Name	LABITA, JOSEPH
Address	935 SW 9TH AVE
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	CARL, DI BELLA
Address	935 SE 9TH AVE
City-State-Zip:	POMPANO BEACH FL 33060

Title	VP
Name	LIMERI, ALFRED
Address	935 SE 9TH AVE
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	MULLA, VIKTOR
Address	C/O JENNA MANAGEMENT, INC. 1401 BENT TWIG COURT
City-State-Zip:	MYRTLE BEACH SC 29579

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: ARLENE LIZOTTE

PRESIDENT

02/24/2023

Electronic Signature of Signing Officer/Director Detail_____
Date