

2014 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
1881 NE 26TH STREET
SUITE 212
FORT LAUDERDALE, FL 33305 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, ADLENE
Address	935 SE 9TH AVE
City-State-Zip:	POMPANO BEACH FL 33060

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

Title	SECRETARY
Name	DILLMAN, KENNETH
Address	935 SE 9TH AVE
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	WILSON, VIOLA
Address	935 SE 9TH AVE
City-State-Zip:	POMPANO BEACH FL 33060

Title	D, DIRECTOR
Name	RACHON, ANDRE
Address	935 SE 9TH AVE
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: ADLENE LIZOTTE**PRESIDENT****03/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date