

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724954

**Entity Name:** CYPRESS CHASE CONDOMINIUM ASSOC "A" INC**Current Principal Place of Business:**2900 N.W. 48TH TERRACE  
OFFICE  
LAUDERDALE LAKES, FL 33313**Current Mailing Address:**950 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US**FEI Number:** 59-1488078**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, P. A.  
2149 N. COMMERCE PARKWAY  
WESTON, FL 33326 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:** DAVID L BROUGH

04/25/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SAUVE, JACQUELINE  
Address       2900 N.W. 48TH TERRACE  
City-State-Zip: LAUDERDALE LAKES FL 33313

Title           DIRECTOR  
Name           BELMONTES, PATRICIA  
Address       2900 N.W. 48TH TERRACE  
OFFICE  
City-State-Zip: LAUDERDALE LAKES FL 33313

Title           DIRECTOR  
Name           MATTE, JEANMARIE  
Address       2900 N.W. 48TH TERRACE  
OFFICE  
City-State-Zip: LAUDERDALE LAKES FL 33313

Title           SECRETARY  
Name           DEMCHUCK, RENE  
Address       2900 N.W. 48TH TERRACE  
OFFICE  
City-State-Zip: LAUDERDALE LAKES FL 33313

Title           DIRECTOR  
Name           POLIDORO, JOE  
Address       2900 N.W. 48TH TERRACE  
City-State-Zip: LAUDERDALE LAKES FL 33313

Title           DIRECTOR  
Name           MIGNAULT, ROBERT  
Address       2900 NW 48TH TERRACE  
City-State-Zip: LAUDERDALE LAKES FL 33313

Title           DIRECTOR  
Name           LANGEVIN, JEAN  
Address       2900 N.W. 48TH TERRACE  
OFFICE  
City-State-Zip: LAUDERDALE LAKES FL 33313

Title           PRESIDENT  
Name           CLOSSON, MICHELE  
Address       2900 N.W. 48TH TERRACE  
OFFICE  
City-State-Zip: LAUDERDALE LAKES FL 33313

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*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:** MICHELE CLOSSON

PRESIDENT

04/25/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	DREWS, BERND-PETER
Address	2900 N.W. 48TH TERRACE OFFICE
City-State-Zip:	LAUDERDALE LAKES FL 33313