

**2017 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:**2645 EXECUTIVE PARK DR.  
WESTON, FL 33331 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

02/28/2017

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           DIRECTOR  
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           PRESIDENT  
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           SECRETARY  
Name           JOLY, SYLVIE  
Address       2900 N.W. 48TH TERRACE  
OFFICE  
City-State-Zip: LAUDERDALE LAKES FL 33313

**Continues on page 2**

*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:** ROBERT MIGNAULT

PRESIDENT

02/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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