


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**


04-17-2007 90240 015 \*\*\*150.00

<b>DOCUMENT # 201500</b> 1. Entity Name CYPRESS LAKE NO. 1, INC.	
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Principal Place of Business 1410 SE 7TH AVE #1 POMPANO BEACH, FL 33060	Mailing Address 5961 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308
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**DO NOT WRITE IN THIS SPACE**

**66012508**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 21-1280282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

COUTURE, RONALD N TREAS  
5961 BAYVIEW DRIVE  
FORT LAUDERDALE, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ronald N Couture DATE: 4/27/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-elected)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT COUTURE, RONALD N 5961 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EASTON, ROBERT 5961 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GRESHEIM, MAUREEN 1410 SE 7 AVE #3 POMPANO BCH, FL 33360
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O SALIGA, STEVE 1410 SE 7 AVE #2 POMPANO BCH, FL 33080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald N Couture Date: 4/27/07 Daytime Phone #: 954-928-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR