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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 264354 (2)

1. Corporation Name
CYPRESS LAKE NO 11, INC.

Principal Place of Business
1401 SE 9TH AVENUE
4
POMPANO BEACH FL 33060
US

Mailing Address
1401 SE 9TH AVENUE
4
POMPANO BEACH FL 33060-9554
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
11/08/1962

3a. Date of Last Report
03/28/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1916540

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEHLING, GAIL
1401 SE 9TH AVE., #4
POMPANO BCH FL 33060

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of corporation officer or director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	☐ DELETE
NAME	SERVILLA, MARIE	
STREET ADDRESS	1401 SE 9TH AVE #2	
CITY- ST- ZIP	POMPANO BCH FL	
TITLE	SD	☐ DELETE
NAME	AMPER, BRIOTTE	
STREET ADDRESS	1401 SE 9TH AVE #1	
CITY- ST- ZIP	POMPANO BCH FL	
TITLE	PD	☐ DELETE
NAME	STOKINGER, RICHARD	
STREET ADDRESS	1401 SE 9TH AVE #3	
CITY- ST- ZIP	POMPANO BEACH FL	
TITLE	TD	☐ DELETE
NAME	PEHLING, GAIL	
STREET ADDRESS	1401 SE 9TH AVE #4	
CITY- ST- ZIP	POMPANO BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gail Pehling*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97 954-781-2775
Date Daytime Phone #

CR2E034 (9/96)