

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 707603**

1. Entity Name  
**CYPRESS LAKE EAST #2 INC**



Principal Place of Business  
**700 SOUTHEAST 7TH AVENUE  
POMPANO BEACH, FL 33060**

Mailing Address  
**700 SOUTHEAST 7TH AVENUE  
POMPANO BEACH, FL 33060**



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1110197**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PAPPAS, SPIRO  
700 SE 7TH AVE.  
#15  
POMPANO BEACH, FL 33060**

**DO NOT WRITE  
IN THIS SPACE**

8. 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 *[Signature]* **SPIRO PAPPAS** **PRESIDENT** **1/25/05**  
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	REES, CLAIRE
STREET ADDRESS	700 STE 7TH AVE APT 8
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	VD
NAME	MARION, DORITY
STREET ADDRESS	700SE 7TH AVE. #13
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	SD
NAME	BEHRENS, KATHY
STREET ADDRESS	700 SE 7TH AVE APT 11
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	PD
NAME	PAPPAS, SPIRO
STREET ADDRESS	700 SE 7TH AVE #15
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	TD
NAME	CAIN, ROBERT
STREET ADDRESS	700 SE 7TH AVE. #17
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	REES, CLAIRE
STREET ADDRESS	700 SEE 7TH AVE. #8
CITY-ST-ZIP	POMPANO BEACH, FL 33060

000000211585  
02/02/05-80125-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *[Signature]* **SPIRO PAPPAS** **1/25/05** **954 782 1525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #