

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 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



02212006 No Chg-NP CR2E037 (11/05)

**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

*Robert J. Cain*  
Signature, typed or printed name of registered agent and title if applicable.

(If not E-Registered Agent signature required when reinstating)

02-28-2006  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
REES, CLAIRE  
700 STE 7TH AVE APT 8  
POMPANO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MARION, DORITY  
700SE 7TH AVE. #13  
POMPANO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BEHRENS, KATHY  
700 SE 7TH AVE APT 11  
POMPANO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PAPPAS, SPIRO  
700 SE 7TH AVE #15  
POMPANO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
CAIN, ROBERT  
700 SE 7TH AVE. #17  
POMPANO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REES, CLAIRE  
700 SEE 7TH AVE. #8  
POMPANO BEACH, FL 33060

000000452845  
03/13/06-80016-009 150.00

**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 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:

*Robert J. Cain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

959545-  
2-28-06 9647