



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 707603</b> 1. Entity Name CYPRESS LAKE EAST #2 INC	
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Principal Place of Business 700 SOUTHEAST 7TH AVENUE POMPANO BEACH, FL 33060	Mailing Address 700 SOUTHEAST 7TH AVENUE POMPANO BEACH, FL 33060
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02152008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-1110197	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PAPPAS, SPIRO 700 SE 7TH AVE. #15 POMPANO BEACH, FL 33060
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000831635 02/27/08-80026-008 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLLMER, ROSEMARY 700 SE 7TH AVE. #14 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	D BIENIEK, WALTER 700 SE 7TH AVE. #18 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	

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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 **ROBERT J. CAIN** 02-14-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
308-428-6430