

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708212

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** CYPRESS ISLAND APTS. #1, INC.

**Current Principal Place of Business:**

930 S E 9TH AVE  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

930 S E 9TH AVE  
POMPANO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 59-1115800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENNA MANAGEMENT INC.  
1881 NE 26TH ST  
STE 212  
FORT LAUDERDALE, FL 33305 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NIGHTINGALE, SUSAN  
Address: 930 SE 9TH AVE 5  
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: TD ( ) Delete  
Name: MACFAYDEN, ED  
Address: 930 SE 9TH AVE 14  
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: D ( ) Delete  
Name: NEINKEN, LOIS  
Address: 930 SW 9TH AVE 4  
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: SD ( ) Delete  
Name: DEFERRARI, PAT  
Address: 930 SE 9TH AVE  
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: VPD ( ) Delete  
Name: SMITH, RICHARD  
Address: 930 SE 9TH AVE 18  
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: AD ( ) Delete  
Name: BENNEY, WILLIAM  
Address: 930 SE 9TH AVE. #8  
City-St-Zip: POMPAN0 BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SUSAN NIGHTINGALE

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date