


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90029 036 \*\*\*\*61.25

<b>DOCUMENT # 708213</b> 1. Entity Name <b>CYPRESS LAKE EAST #3, INC.</b>					
Principal Place of Business <b>701 SE 7TH AVENUE POMPAÑO BEACH, FL 33060</b>			Mailing Address <b>701 SE 7TH AVENUE POMPAÑO BEACH, FL 33060</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1172820</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PELLECCHIA, VINNY 1321 SE 7TH AVE POMPAÑO BEACH, FL 33060</b>			Name <b>LANCE LOVEJOY</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 SE 7TH AVE</b> City <b>POMPAÑO BEACH</b> <b>FL</b> Zip Code <b>33060</b>		
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: <b>LANCE LOVEJOY</b> <i>[Signature]</i> DATE: <b>7-14-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PELLECCHIA, VINNY 1321 SE 7TH AVE #7 POMPAÑO BEACH, FL 33060</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV LOVEJOY, LANCE 701 SE 7TH AVE POMPAÑO BEACH, FL 33060</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SMITH, CHERYL 701 SE 7TH AVE POMPAÑO BEACH, FL 33060</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MONTDENE, FRANK 701 SE 7TH AVE #2 POMPAÑO BEACH, FL 33060</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRIAN W. RAINES 701 SE 7TH AVE POMPAÑO BEACH, FL 33060</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS REESE, KENT 701 SE 7TH AVE POMPAÑO BEACH, FL 33060</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <b>LANCE LOVEJOY</b> <i>[Signature]</i> DATE: <b>7-14-08</b> DAYTIME PHONE: <b>954 873 8185</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					