

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710613

FILED  
Mar 26, 2012  
Secretary of State

Entity Name: CYPRESS ISLAND APTS #2, INC.

**Current Principal Place of Business:**

931 SOUTH EAST NINTH AVENUE  
#1  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 122015  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 59-1172821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TDSUNSHINE PROPERTY MANAGEMENT  
330 SOUTH STATE ROAD 7  
SUITE 500  
PLANTATION, FL 33317 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: VPD  
Name: MOYER, DONALD  
Address: 330 SOUTH STATE ROAD 7, SUITE 500  
City-St-Zip: PLANTATION, FL 33317

Title: PD  
Name: MOORE, WALTER  
Address: 330 SOUTH STATE ROAD 7, SUITE 500  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: LUNETTA, LOUIS  
Address: 330 SOUTH STATE ROAD 7, SUITE 500  
City-St-Zip: PLANTATION, FL 33317

Title: TD  
Name: ANDREADIS, STEVE  
Address: 330 SOUTH STATE ROAD 7, SUITE 500  
City-St-Zip: PLANTATION, FL 33317

Title: SD  
Name: POETZEL, CAROL  
Address: 330 SOUTH STATE ROAD 7, SUITE 500  
City-St-Zip: PLANTATION, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: WALTER MOORE

PD

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date