


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90283 028 \*\*\*\*61.25

<b>DOCUMENT # 713411</b> 1. Entity Name CYPRESS ISLAND APTS. #3, INC.					
Principal Place of Business 934 SE 9TH AVE POMPANO BEACH, FL 33060			Mailing Address C/O JENNA MGMT 1881 NE 26 ST STE 212 FORT LAUDERDALE, FL 33305		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JENNA MANAGEMENT 1881 N.E. 26TH STREET STE 212 FORT LAUDERDALE, FL 33305				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOGAN, CONNIE 934 S.E. 9TH AVE. POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ANTHONY PASQUA 934 SE 9TH AVE POMPANO BEACH FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOKUS, WILLIAM 934 SE 9TH AVE POMPANO BCH., FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOKUS, WILLIAM 934 SE 9TH AVE POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RICHARDSON, JANE 934 S.E. 9TH AVE #15 POMPANO BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDNA LOSTIE 934 SE 9TH AVE POMPANO BEACH FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD REICKLING, THOMAS 934 SE 9TH AVE POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	UPD GEORGE DIBRUO 934 SE 9TH AVE POMPANO BEACH FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOGAN, JOHN 934 SE 9TH AVE POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOGAN, JOHN 934 SE 9TH AVE POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____				4/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

20041923



04132005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1198356

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, CONNIE	
STREET ADDRESS	934 S.E. 9TH AVE.	
CITY - ST - ZIP	POMPANO BEACH, FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOKUS, WILLIAM	
STREET ADDRESS	934 SE 9TH AVE	
CITY - ST - ZIP	POMPANO BCH., FL 33060	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, JANE	
STREET ADDRESS	934 S.E. 9TH AVE #15	
CITY - ST - ZIP	POMPANO BEACH, FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	REICKLING, THOMAS	
STREET ADDRESS	934 SE 9TH AVE	
CITY - ST - ZIP	POMPANO BEACH, FL 33060	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOGAN, JOHN	
STREET ADDRESS	934 SE 9TH AVE	
CITY - ST - ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY PASQUA	
STREET ADDRESS	934 SE 9TH AVE	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOKUS, WILLIAM	
STREET ADDRESS	934 SE 9TH AVE	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDNA LOSTIE	
STREET ADDRESS	934 SE 9TH AVE	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	UPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE DIBRUO	
STREET ADDRESS	934 SE 9TH AVE	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, JOHN	
STREET ADDRESS	934 SE 9TH AVE	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #