

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90100 015 ****61.25

DOCUMENT # 713411

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

03042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1198356

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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 the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME PASQUA, ANTHONY
STREET ADDRESS 934 SE 9TH AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33060

☒ Delete

TITLE SD
NAME CONSTANCE HOGAN
STREET ADDRESS 934 SE 9TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Change ☒ Addition

TITLE D
NAME LOKTIE, FONA
STREET ADDRESS 934 SE 9TH AVENUE
CITY-ST-ZIP POMPANO BCH., FL 33060

☒ Delete

TITLE D
NAME CAROLEE MAHER
STREET ADDRESS 934 SE 9TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Change ☒ Addition

TITLE PD
NAME WILLIAM, BOKUS
STREET ADDRESS 934 S.E. 9TH AVE #15
CITY-ST-ZIP POMPANO BEACH, FL 33060

☒ Delete

TITLE PD
NAME EDWARD MALACHOWSKI
STREET ADDRESS 934 SE 9TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

☒ Change ☐ Addition

TITLE VPD
NAME DIBRUNO, GEORGE
STREET ADDRESS 934 SE 9TH AVE
CITY-ST-ZIP POMPANO BEACH, FL 33060

☒ Delete

TITLE UPD
NAME JAMES RICHARDSON
STREET ADDRESS 934 SE 9TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Change ☒ Addition

TITLE TD
NAME HOGAN, JOHN
STREET ADDRESS 934 SE 9TH AVE
CITY-ST-ZIP POMPANO BEACH, FL 33060

☐ Delete

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/06 954-783-0308

SIGN