

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

05-23-2007 90027 001 \*\*\*\*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

40118050



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05162007 Chg-NP CR2E037 (12/06)

City & State

City & State

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 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 \$81.25**  
**Due by September 14, 2007**

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 ☒ Delete  
NAME HOGAN, CONSTANCE  
STREET ADDRESS 934 SE 9TH AVENUE  
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE SD ☐ Change ☒ Addition  
NAME DIANE LUSK  
STREET ADDRESS 934 SE 9TH AVE #9  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☒ Delete  
NAME MAHER, CAROLEE  
STREET ADDRESS 934 SE 9TH AVENUE  
CITY-ST-ZIP POMPANO BCH., FL 33060

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME MORACHOUSKI, EDWARD  
STREET ADDRESS 934 S.E. 9TH AVE #15  
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE TD ☐ Change ☒ Addition  
NAME DIANE LUSK  
STREET ADDRESS 934 SE 9TH AVE #9  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE VPD ☐ Delete  
NAME RICHARDSON, JAMES  
STREET ADDRESS 934 SE 9TH AVE  
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE VPD ☐ Change ☒ Addition  
NAME LINDA BRADSHAW  
STREET ADDRESS 934 SE 9TH AVE #8  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *James J. Richardson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #