2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 8:00 am Secretary of State

DOCUMENT # 713597 1. Entity Name CYPRESS LAKE EAST #4, INC.			03-07-2005 90289 034 ****61.25	
Principal Place of Business 711 S.E. 7TH AVENUE POMPANO BEACH, FL 33060	Mailing Address 711 S.E. 7TH AVENUE POMPANO BEACH, FL	33060		
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	01052005 Chg-NP CR2E037 (10/03)	
City & State	City & State		4. FEI Number Applied Fo 59-1224770 Not Applied	
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
		Name	NANCY GREIC	
INGRAM, DONALD C		Street Ad	dress (P.O. Box Number is Not Acceptable)	
711 SE 7TH AVE #10 POMPANO BEACH, FL 33060		7/1	dress (P.O. Box Number is Not Acceptable) #6	
FOMFANO BEACH, LE 33000				
		City F	OMPAND BEACH FL Zip Code 33060	
	or the purpose of changing its		egistered agent, or both, in the State of Florida. I am familiar with, and acc	ept
the obligations of registered agent.			•	- 1
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Maria	a Indoin	NANCY &	REIR TO 2/25/05	
SIGNATURE	y Steig Find tile i applicable. (NOT	NANCY &	-REIG TD 2/25/05 erequired when renstating) DATE	
Signature, typed or printed name of registered agest	Find title if applicable. (NOT			
Signature, typed or printed name bi registered seed Filling Fee is \$61.25 Due by May 1, 2005	9. Election Car Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees Florida Department of State	
Signature, typed or printed name & registered seed Filling Fee is \$61.25 Dise by May 1, 2005 10. OFFICERS AND D	9. Election Car Trust Fund (npaign Financing Contribution.	\$5.00 May Be Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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: NAME OF BRANCH GREIG 2-25-05 954-941-907.

SIGNATURE: MANUFED OR PRODUCTION NAME OF BRANCH OF B