


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-07-2005 90289 034 ****61.25

DOCUMENT # 713597 1. Entity Name CYPRESS LAKE EAST #4, INC.					
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.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1224770	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
INGRAM, DONALD C 711 SE 7TH AVE #10 POMPANO BEACH, FL 33060			Name <u>NANCY GREIG</u> Street Address (P.O. Box Number is Not Acceptable) <u>711 S.E. 7TH AVE. #6</u> City <u>POMPANO BEACH</u> FL <u>33060</u>		
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 <u>Nancy Greig</u> <u>NANCY GREIG TD</u> <u>2/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	SD INGRAM, DONALD C 711 SE 7TH AVE #10 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINN, PATRICIA 711 SE 7TH AVE., #5 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		VD FINN, PATRICIA 711 SE 7TH AVE #5 POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESNIEWSKI, ANTHONY 711 SE 7TH AVE #7 POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREIG, NANCY 711 SE 7TH AVE #6 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJEWSKI, FRANK 711 SE 7TH AVE., #3 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORN, TOM 711 SE 7TH AVE #4 POMPANO BEACH, FL 33060	<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: <u>Nancy Greig</u> <u>NANCY GREIG</u> <u>2-25-05</u> <u>954-941-9072</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					