

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90243 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)



4. FEI Number

59-1224770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIEG, NANCY  
711 SE 7TH AVE #6  
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

MILLS, VERNON B

Street Address (P.O. Box Number is Not Acceptable)

711 SE 7TH AVE. APT 1

City

POMPANO BEACH

FL

Zip Code

33060

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 office applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/07  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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

TITLE	SD	<input type="checkbox"/> Delete
NAME	INGRAM, DONALD C	
STREET ADDRESS	711 SE 7TH AVE #10	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	FVP	<input type="checkbox"/> Delete
NAME	FINN, PATRICIA	
STREET ADDRESS	711 SW 7TH AVE 5	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GREIG, NANCY	
STREET ADDRESS	711 SE 7TH AVE #6	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NEWHOUSE, JAMES	
STREET ADDRESS	711 SE 7TH AVE 2	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLOCK, SHARON	
STREET ADDRESS	711 SE 7TH AVE 7	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLATT, LEONARD S	
STREET ADDRESS	711 SE 7TH AVE 9	
CITY - ST - ZIP	POMPANO BEACH FL 33060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, VERNON BERTRAM	
STREET ADDRESS	711 S.E. 7TH AVE #1	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, JEANNE E	
STREET ADDRESS	711 SE 7TH AVE #1	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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

V.B. MILLS

4/5/07

954-941-7141