2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 01, 2006 8:00 am Secretary of State **DOCUMENT # 720830** 05-01-2006 90299 027 ****61.25 CYPRESS ANCHORAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1400 NE 55TH STREET 1400 NE 55TH STREET FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1425004 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAYES, COLIN Street Address (P.O. Box Number is Not Acceptable) 1400 NE 55ŢH ST. ₱205 FORT LAUDERDALE FL 33334 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE VΡ Delete TITLE ☐ Addition BECKER, JOHN NAME 1400 NE 55 ST. # 105 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-ZIP D TITLE ☐ Change Addition TITLE ☐ Delete MALONE-JONES, SHELIA MAME NAME 1400 NE 55 ST, 103 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete THE Change ■ Addition SMITH, JEANNE G NAME NAME STREET ADDRESS 1400 NE 55TH ST #207 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE RORECT WRAND GUIDISH, JEFFREY NAME NAME 450 NE 55 91 STREET ADDRESS 1400 NE 55 ST #109 STREET ADDRESS CITY-ST-ZIE FORT LAUDERDALE FL 33334 CITY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS 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 suppliemental 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:

FILED