

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90052 032 ****61.25

DOCUMENT # 720830
 1. Entity Name
CYPRESS ANCHORAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **1400 NE 55TH STREET FT LAUDERDALE FL 33334**
 Mailing Address: **1400 NE 55TH STREET FT LAUDERDALE FL 33334**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number: **59-1425004** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~HAYES, COLIN~~
~~1400 NE 55TH ST.~~
~~SUITE 205~~
~~FORT LAUDERDALE FL 33334~~

7. Name and Address of New Registered Agent
 Name: **SHEILA MALONE-JONES**
 Street Address (P.O. Box Number is Not Applicable): **1400 NE 55TH ST. # 103**
 City: **FORT LAUDERDALE FL** Zip Code: **33334**

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 _____ DATE _____
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 Due By May 1, 2008

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: VP	<input checked="" type="checkbox"/> Delete	TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MALONE-JONES, SHEILA		NAME: JEFFREY GUIDISH	
STREET ADDRESS: 1400 NE 55TH ST #103		STREET ADDRESS: 1400 NE 55TH ST # 109	
CITY-ST-ZIP: FORT LAUDERDALE FL 33334		CITY-ST-ZIP: FORT LAUDERDALE FL 33334	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BECKER, JOHN		NAME:	
STREET ADDRESS: 1400 NE 55TH ST #105		STREET ADDRESS:	
CITY-ST-ZIP: FORT LAUDERDALE FL 33334		CITY-ST-ZIP:	
TITLE: ST	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SMITH, JEANNE G		NAME:	
STREET ADDRESS: 1400 NE 55TH ST #207		STREET ADDRESS:	
CITY-ST-ZIP: FT LAUDERDALE FL		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WRANOVICS, ROBERT JR		NAME:	
STREET ADDRESS: 1400 NE 55TH ST # 104		STREET ADDRESS:	
CITY-ST-ZIP: FORT LAUDERDALE FL 33334		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GUIDISH, JEFFREY		NAME:	
STREET ADDRESS: 1400 NE 55 ST #109		STREET ADDRESS:	
CITY-ST-ZIP: FORT LAUDERDALE FL 33334		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *Sheila Malone Jones* 4/21/08 (954) 862-3221