
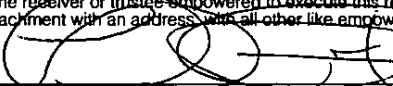


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90114 040 ****61.25

DOCUMENT # 723083 1. Entity Name CYPRESS ARMS CONDOMINIUM ASSOCIATION					
Principal Place of Business 2404 N.E. 33RD AVE. FT. LAUDERDALE, FL 33305 US				Mailing Address PO BOX 7503 FT LAUDERDALE, FL 33304 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1408887	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CABOT MANAGEMENT & MARKETING, INC. 2727 E. OAKLAND PARK BLVD. #301 FT. LAUDERDALE, FL 33306				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	VPD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSEN, RANDY			NAME	
STREET ADDRESS	2404 NE 33RD AVE., #6			STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL			CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCHE, CONSTANCE			NAME	
STREET ADDRESS	2404 N.E. 33RD AVE., #8			STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL			CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIATO, EDWARD			NAME	
STREET ADDRESS	2404 NE 33RD AVE. #14			STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEGENWALD, WILLIAM			NAME	
STREET ADDRESS	2404 NE 33D AVE., #1			STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH-GLASEN, NANCY			NAME	
STREET ADDRESS	2404 NE 33RD AVE #5			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305			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 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: 				Edward Fiato 4-25-2005 954-561-8565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	