

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 723865

1. Entity Name
CYPRESS LAKE NO. 2, INC.



Principal Place of Business

1400 SE 7TH AVE
APT 1
POMPAÑO BCH., FL 33060-9435 US

Mailing Address

1400 SE 7TH AVE
APT 1
POMPAÑO BCH., FL 33060-9435 US



04212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-6112401

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

WOUDE, KAREN V
1821 HIGH RIDGE ROAD
LAKE WORTH, FL 33461

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VAN, DON
P O BOX 1836
POMPAÑO BCH, FL 33061

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BACKSTROM, TIMOTHY
1400 SE 7TH AVE.
POMPAÑO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROBINSON, BARBARA
1400 SE 7 AVE
POMPAÑO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000320048
05/14/08-60028-014 \$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Timothy Backstrom
Timothy Backstrom

4/21/08
Date

954-941-6881
Daytime Phone #