

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

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 723867

1. Entity Name
CYPRESS LAKE NO. 4, INC



Principal Place of Business
711 S.E. 15TH STREET
APT. #1
POMPAÑO BEACH, FL 33060

Mailing Address
711 S.E. 15TH STREET
APT. #1
POMPAÑO BEACH, FL 33060



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6061981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, JOHN H
5 MENDOTA LANE
SEA RANCH LAKES, FL 33308

**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

000000834358
02/28/08-80050-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, JOHN H 5 MENDOTA LANE SEAS RANCH LAKES, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORNWALL, WALTER 711 SE 15TH STREET APT 3 POMPAÑO BEACH, FL 33060
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERRY, JUDITH 711 S.E. 15TH STREET, 1 POMPAÑO BEACH, FL 33060
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

2/14/08

Date

954 941 7066

Daytime Phone #