

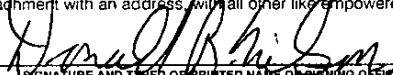


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90319 046 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # 723868</b><br>1. Entity Name<br>CYPRESS LAKE NO. 5, INC.   |   |   |  |                |  |
| Principal Place of Business<br>721 S.E. 15TH STREET<br>POMPANO BEACH, FL 33060   |   |   | Mailing Address<br>PO BOX 207<br>POMPANO BCH, FL 33061 US  |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br><b>59-1088390</b>  |  |
|  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|  |   |   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent  |   |  |
| NELSON, DON<br>811 SE 5TH AVE<br>POMPANO BEACH, FL 33060   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |  |
|  |   | <b>Make check payable to<br/>Florida Department of State</b>                        |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>NELSON, DON<br>811 SE 5TH AVE<br>POMPANO BEACH, FL 0,                         | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>O'BRIEN, DAN<br>721 SE 15TH STREET<br>POMPANO BCH, FL 33060                   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>LAMBERT, PEGGY<br>811 SE FIFTH AVE<br>POMPANO BCH, FL 33060                    | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>ARONOFF, MELVIN<br>931 POLK ST.<br>HOLLYWOOD, FL                              | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CRETE, RICHARD<br>721 SE 15TH STREET APT #3<br>POMPANO BEACH, FL 33060         | <input checked="" type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KRIESNER JOHN<br>1314 PRINCESS STREET<br>ALEXANDRIA, VA 22314                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |   |  |
| 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. |   |   |  |   |  |
| <b>SIGNATURE:</b>   |   |   | Date <b>04-15-05</b>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <small>Date Daytime Phone #</small>  |   |  |