


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

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 723868 1. Entity Name CYPRESS LAKE NO. 5, INC.	
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Principal Place of Business 721 S.E. 15TH STREET POMPANO BEACH, FL 33060	Mailing Address PO BOX 207 POMPANO BCH, FL 33061 US
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1088390	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 NELSON, DON 811 SE 5TH AVE POMPANO BEACH, FL 33060

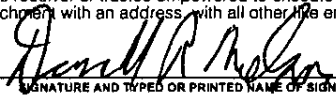
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, DON 811 SE 5TH AVE POMPANO BEACH, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'BRIEN, DAN 721 SE 15TH STREET POMPANO BCH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMBERT, PEGGY 811 SE FIFTH AVE POMPANO BCH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARONOFF, MELVIN 30 LAKES ROND MONROE, NY 10950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIESNER, JOHN 1314 PRINCESS ST ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000817166 02/14/08-80082-022 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 life empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	02-04-08 954-941-6515 <small>Date Daytime Phone #</small>