

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723868

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: CYPRESS LAKE NO. 5, INC.

**Current Principal Place of Business:**

721 S.E. 15TH STREET  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 207  
POMPANO BCH, FL 33061 US

**New Mailing Address:**

FEI Number: 59-1088390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NELSON, DON  
811 SE 5TH AVE  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NELSON, DON  
Address: 811 SE 5TH AVE  
City-St-Zip: POMPANO BEACH, FL 0,

Title: SD ( ) Delete  
Name: O' BRIEN, DAN  
Address: 721 SE 15TH STREET  
City-St-Zip: POMPANO BCH, FL 33060

Title: T ( ) Delete  
Name: LAMBERT, PEGGY  
Address: 811 SE FIFTH AVE  
City-St-Zip: POMPANO BCH, FL 33060

Title: VD ( ) Delete  
Name: ARONOFF, MELVIN  
Address: 30 LAKES ROND  
City-St-Zip: MONROE, NY 10950

Title: D ( ) Delete  
Name: KIESNER, JOHN  
Address: 1314 PRINCESS ST  
City-St-Zip: ALEXANDRIA, VA 22314

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: ARONOFF, MELVIN  
Address: 76 UHLIG ROAD, B113  
City-St-Zip: MIDDLETON, NY 10940

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON NELSON

PD

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date