

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2: 19

DOCUMENT # 728218 (9)

1. Corporation Name
CYPRESS CHASE CONDOMINIUM ASSOCIATION "D", INC.

Principal Place of Business Mailing Address
2600 NW 49TH AVE. LAUDERDALE LAKES FL 33313
2600 NW 49TH AVE. LAUDERDALE LAKES FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/07/1973	3a. Date of Last Report 01/28/1994
4. FEI Number 59-1802231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent

CYPRESS CHASE CONDO. ASSOC., D.
2600 N.W. 49 AVENUE
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SCHOR, SEYMOUR
STREET ADDRESS	2649 NW 48TH TERR
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000
TITLE	STERN, CLAIRE
NAME	STERN, CLAIRE
STREET ADDRESS	2600 NW 49TH AVE
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000
TITLE	PD
NAME	WARSHAW, IRVING
STREET ADDRESS	2850 NW 49TH AVE
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000
TITLE	V
NAME	CRYSTAL, EMANUEL
STREET ADDRESS	2650 NW 49TH AVE
CITY-ST-ZIP	LAUDERDALE LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FINANCIAL SECRETARY	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	HELEN M. PARNES	
1.3 STREET ADDRESS	2649 NW 48TH TERR.	
1.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33313	
2.1 TITLE	VICE PRES-TREAS.	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	STERM CLAIRE	
2.3 STREET ADDRESS	2600 NW 49TH AVE.	
2.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33313	
3.1 TITLE	PRESIDENT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	ROSSEN, EMANUEL	
3.3 STREET ADDRESS	2650 NW 49TH AVE.	
3.4 CITY-ST-ZIP	LAUDERDALE LAKES FL. 33313	
4.1 TITLE	SECRETARY	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME	SOL NICHOLS	
4.3 STREET ADDRESS	2600 NW 49TH AVE	
4.4 CITY-ST-ZIP	LAUDERDALE LAKES FL. 33313	
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or (Block 13 if changed), or on an attachment with an original.

SIGNATURE: Emmanuel M Rossen DATE: 2/13/95 (305) 733-2137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR