

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **728218** (9)
1. Corporation Name
CYPRESS CHASE CONDOMINIUM ASSOCIATION "D", INC.



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

3. Date Incorporated or Qualified: **12/07/1973**
3a. Date of Last Report: **03/24/1995**
4. FEI Number: **59-1802231**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARNES, HELEN	1.2 NAME	
STREET ADDRESS	2649 NW 48TH TERR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERDALE LKS, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, CLAIRE	2.2 NAME	
STREET ADDRESS	2600 NW 49TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERDALE LKS, FL 00000	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSEN, EMANUEL	3.2 NAME	
STREET ADDRESS	2650 NW 49TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERDALE LKS, FL 00000	3.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRYSTAL, EMANUEL	4.2 NAME	
STREET ADDRESS	2650 NW 49TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERDALE LAKES FL	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, SOL	5.2 NAME	
STREET ADDRESS	2600 NW 49 AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERDALE LAKES FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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 address.

SIGNATURE: Emmanuel Rossen PRESIDENT 2/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)