

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33313-2685**

C/O NORDE MGMT. CORP.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/07/1973	02/16/1996
22		27		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1802231	Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country		Country		<input type="checkbox"/>	
25		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
33068		U.S.A.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	T/D <input checked="" 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 checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERN, CLAIRE	2.2 NAME	BROWN, JACK
STREET ADDRESS	2600 NW 49TH AVE	2.3 STREET ADDRESS	2600 N.W. 49TH AVE.#201
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	2.4 CITY-ST-ZIP	LAUDERDALE LKS, FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSEN, EMANUEL	3.2 NAME	HALPER, LEONARD
STREET ADDRESS	2850 NW 49TH AVE	3.3 STREET ADDRESS	2600 N.W. 49TH AVE.#405
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	3.4 CITY-ST-ZIP	LAUDERDALE LKS, FL
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, SOL	4.2 NAME	
STREET ADDRESS	2600 NW 49 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	FS/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	REICH, NORMA
STREET ADDRESS		5.3 STREET ADDRESS	2649 N.W. 48TH TERR.#137
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAUDERDALE LKS, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MARRO, STELLA
STREET ADDRESS		6.3 STREET ADDRESS	2600 N.W. 49TH AVE.#401
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAUDERDALE LKS, FL

14. I do 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 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: *[Signature]* JACK BROWN 4/3/97 954-973-1311

CR2E037 (9/96)

7.1 TITLE AP/D Addition
7.2 NAME DIGIUSEPPI
7.3 STREET ADDRESS 2600 N.W. 49TH AVE.#306
7.4 CITY-ST-ZIP LAUDERDALE LKS, FL

8.1 TITLE D Addition
8.2 NAME REICH, LARRY
8.3 STREET ADDRESS 2649 N.W. 48TH TERR.#137
8.4 CITY-ST-ZIP LAUDERDALE LKS,FL

9.1 TITLE D Addition
9.2 NAME TARAS, ROBERT
9.3 STREET ADDRESS 2650 N.W. 49TH AVE.#115
9.4 CITY-ST-ZIP LAUDERDALE LKS,FL