

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
2800 NW 49TH AVE.  
LAUDERDALE LAKES FL 33313

Mailing Address  
%NORDE MGMT CORP  
6047 KIMBERLY BLVD. SUITE N  
N LAUDERDALE FL 33068  
US

3. Date Incorporated or Qualified  
12/07/1973

4. FEI Number  
59-1802231

Applied For  
Not Applicable

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
CYPRESS CHASE CONDO. ASSOC., D.  
2800 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 FL 85 Zip Code

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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARNES, HELEN	
STREET ADDRESS	2849 NW 48TH TERR	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JACK	
STREET ADDRESS	2800 NW 49TH AVE 201	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HALPER, LEONARD	
STREET ADDRESS	2800 NW 49TH AVE 405	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NICHOLS, SOL	
STREET ADDRESS	2800 NW 49 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	FSD	<input checked="" type="checkbox"/> DELETE
NAME	REICH, NORMA	
STREET ADDRESS	2849 NW 48TH TERR 137	
CITY-ST-ZIP	LAUDERDALE LKS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARRO, STELLA	
STREET ADDRESS	2800 NW 49TH AVE 401	
CITY-ST-ZIP	LAUDERDALE LKS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIGIUSEPPI, JOSEPH	
1.3 STREET ADDRESS	2600 N.W. 49TH AVE. #306	
1.4 CITY-ST-ZIP	LAUDERDALE LKS, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TARAS, ROBERT	
2.3 STREET ADDRESS	2650 N.W. 49TH AVE. #115	
2.4 CITY-ST-ZIP	LAUDERDALE LKS, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Sol Nichols SOL NICHOLS* 3/4/98 954-973-1311

CR2E037 (10/97)