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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740949

1. Corporation Name

CYPRESS PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

140 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060

Mailing Address

140 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/05/1977

4. FEI Number

59-1794588

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CREST PROP. MGMT INC.
4700 HIATUS RD
#156
SUNRISE FL 3351

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

Donald Castagne
Signature, typed or printed name of registered agent and fee if applicable.

Donald Castagne
(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	APPELLO, JOHN	
STREET ADDRESS	140 S. CYPRESS RD., #113	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, MARCIA J.	
STREET ADDRESS	130 S CYPRESS RD #615	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WELLER, JOHN	
STREET ADDRESS	126 S CYPRESS RD #712	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, MARCIA	
STREET ADDRESS	130 S. CYPRESS RD., #615	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, JOSEPH	
STREET ADDRESS	140 S. CYPRESS RD., #215	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLARK, JOSEPH	
STREET ADDRESS	138 S CYPRESS RD #215	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JEAN THORDAHL	
1.3 STREET ADDRESS	130 S. CYPRESS RD. #622	
1.4 CITY-ST-ZIP	POMPANO BEACH FL. 33060	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RONALD P. LENGENDRE	
2.3 STREET ADDRESS	132 S. CYPRESS RD. #517	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN BEYERNHEIMER	
3.3 STREET ADDRESS	128 S. CYPRESS RD. #813	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DOROTHY GRUTZMACHER	
4.3 STREET ADDRESS	126 S. CYPRESS RD. #718	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GENNARO PERROTTI	
5.3 STREET ADDRESS	128 S. CYPRESS RD. #821	
5.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
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, with all other like empowered.

SIGNATURE:

Signature of Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99

CR2E037 (11/98)