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# Apr 22, 1999 8:00 am
# Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 746527

1. Corporation Name

**CYPRESS CHASE CONDOMINIUM ASSOCIATION PHASE "A", INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2900 NW 48TH TERRACE<br>LAUDERDALE LAKES FL 33313 | 2900 NW 48TH TERRACE<br>LAUDERDALE LAKES FL 33313 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

3. Date Incorporated or Qualified: 03/30/1979

4. FEI Number: 59-1998192 ☐ 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

SHAPIRO, MILTON
2999 N.W. 48 TERR
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81 PD
82 LOUIS MALONE
83 2900 NW 48th, AVE
84 LAUDERDALE LAKES, FL 33313.
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: LOUIS Malone P.D. Louis Malone P.D. 5/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☑ DELETE | 1.1 TITLE | PD | ☑ Change ☐ Addition |
| NAME | ZIDOW, ISIDORE. | | 1.2 NAME | LOUIS MALONE | |
| STREET ADDRESS | 2998 NW 48 TERR. | | 1.3 STREET ADDRESS | 2900 NW 48th, AVE | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | | 1.4 CITY-ST-ZIP | LAUDERDALE LAKES, FL 33313 | |
| TITLE | VP | ☑ DELETE | 2.1 TITLE | VP | ☑ Change ☐ Addition |
| NAME | MALONE, LOU | | 2.2 NAME | ROBERT BARBEAU | |
| STREET ADDRESS | 2900 N.W. 48 AVE. | | 2.3 STREET ADDRESS | 2998 NW TERRACE | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | | 2.4 CITY-ST-ZIP | LAUDERDALE LAKES, FL 33313 | |
| TITLE | VP | ☑ DELETE | 3.1 TITLE | SD | ☑ Change ☐ Addition |
| NAME | FRISCH, MILTON | | 3.2 NAME | EDOUARD ROIRIER | |
| STREET ADDRESS | 2999 N.W. 48 AVE | | 3.3 STREET ADDRESS | 2999 NW 48th AVE | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | | 3.4 CITY-ST-ZIP | LAUDERDALE LAKES, FL 33313 | |
| TITLE | SD | ☑ DELETE | 4.1 TITLE | TD | ☑ Change ☐ Addition |
| NAME | CHESLOWITZ, SOL | | 4.2 NAME | YVAN OUELLET | |
| STREET ADDRESS | 2999 NW 48 TERR. | | 4.3 STREET ADDRESS | 2901 NW 48th AVE | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | | 4.4 CITY-ST-ZIP | LAUDERDALE LAKES, FL 33313 | |
| TITLE | TD | ☑ DELETE | 5.1 TITLE | | ☑ Change ☐ Addition |
| NAME | LINDO, HORACE | | 5.2 NAME | | |
| STREET ADDRESS | 2900 N.W. 48 TERR | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☑ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037_(11/98)

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 REQUIRED~~ Louis Malone 03/30/99 954-735-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #