

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752759

FILED
Feb 08, 2012
Secretary of State

Entity Name: THE CYPRESS AT WOODMONT - III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CONSOLIDATED COMMUNITY MGMT.
7124 NO. NOB HILL RD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

CONSOLIDATED COMMUNITY MGMT.
7124 NO. NOB HILL RD
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 59-2278562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNINGS & VALANCY, P.A.
311 SE 13TH STREET
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: SWENSON, BARBARA
Address: 1180 CEDAR FALLS DR.
City-St-Zip: WESTON, FL 33327

Title: VP
Name: HAWTHORN, MARIA
Address: 7435 WOODMONT TERRACE, 104
City-St-Zip: TAMARAC, FL 33321

Title: D
Name: GIARDINA, REBECCA
Address: 7260 WOODMONT TERRACE, #201
City-St-Zip: TAMARAC, FL 33321 US

Title: S
Name: GARDNER, Nanci
Address: 7460 WOODMONT TERR #206
City-St-Zip: TAMARAC, FL 33321

Title: T
Name: HAWTHORN, MARIA
Address: 7435 WOODMONT TERRACE, #104
City-St-Zip: TAMARAC, FL 33321

Title: D
Name: KHAN, SHAHID
Address: 7368 WOODMONT AVE., #204
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA SWENSON

PD

02/08/2012

Electronic Signature of Signing Officer or Director

_____ Date