

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90272 034 \*\*\*\*61.25

**DOCUMENT # 756519**

1. Entity Name  
CYPRESS CREEK VILLAS OF CORAL SPRINGS II  
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
7932 WILES ROAD  
CORAL SPRINGS, FL 33067

Mailing Address  
7932 WILES ROAD  
CORAL SPRINGS, FL 33067

**20046417**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2027706

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT KAVE & ASSOCIATES, INC.  
6261 NW 6 WAY  
SUITE 103  
FORT LAUDERDALE, FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME HIRSCHFELD, DAVID  
STREET ADDRESS 5524 ETON CT  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME ARBERMAN, LUDOVICO  
STREET ADDRESS 11388 ROYAL PALM BLVD  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ Delete  
NAME SEQUEIRA, JOSE  
STREET ADDRESS 12573 NW 54 CT  
CITY-ST-ZIP POMPANO BEACH, FL 33076

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME STEVENS, ADINA  
STREET ADDRESS 1180 SUSSEX DR  
CITY-ST-ZIP NORTH LAUDERDALE FL 33062

TITLE D ☒ Delete  
NAME POLLASON, MARK  
STREET ADDRESS 4842 NW 117 AVE  
CITY-ST-ZIP POMPANO BEACH, FL 33076

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME VASCONCELLOS, MARIA  
STREET ADDRESS 2001 IMPERIAL ST  
CITY-ST-ZIP PORT ST LUCIE FL 34987

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

954 344 5353

Daytime Phone #