


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90027 013 ****61.25

DOCUMENT # 757207
 1. Entity Name
CYPRESS CHASE NORTH CONDOMINIUM NO 2 ASSOCIATION, INC.



Principal Place of Business: **3321 & 3301 NW 47 TERR LAUDERDALE LAKES FL 33319 US**
 Mailing Address: **3241 NW 47 TERR LAUDERDALE LAKES FL 33319 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

4. FEI Number: **59-2168595**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
WAGNER, STEVEN A., P.A.
3275 W. HILLSBORO BLVD.
STE. 205
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: 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	
TITLE: VPTD	<input type="checkbox"/> Delete
NAME: RIVKIN, ARTHUR	
STREET ADDRESS: 3301 NW 47 TERR	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33319	
TITLE: DP	<input type="checkbox"/> Delete
NAME: RIGAUD, DIEUDONNE	
STREET ADDRESS: 3301 NW 47 TERR	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33319	
TITLE: DS	<input checked="" type="checkbox"/> Delete
NAME: SMIKLE, YVONNE	
STREET ADDRESS: 3321 NW 47 TERR	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33319	
TITLE: D	<input type="checkbox"/> Delete
NAME: RAMSATTAN, GLENDA	
STREET ADDRESS: 3301 NW 47 TERR	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33319	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DS SHEILA SCHONFIELD	
STREET ADDRESS: 3301 NW 47 TERR	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33319	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sheila Schonfield, Secretary Date: 3/22/05 Daytime Phone #: 954-481-8719