

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90043 002 ****61.25



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

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number Applied For
59-2168595 Not Applicable

Zip Country Zip Country

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 Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	DP	<input type="checkbox"/> Delete
NAME	RIGAUD, DIEUDONNE	
STREET ADDRESS	3301 NW 47 TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHONFIELD, SHEILA	
STREET ADDRESS	3301 N.W. 47 TERR.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, MAREIA	
STREET ADDRESS	3321 NW 47 TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	HOFFERT HADDER, DAVID	
STREET ADDRESS	3321 NW 47 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESSU, GARRINGTON	
STREET ADDRESS	3321 NW 47 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
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	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELIVERANCE DEBRES, 301	
STREET ADDRESS	3301 NW 47 TERR.	
CITY-ST-ZIP	LAUDERDALE LAKES, FL	<input checked="" type="checkbox"/> Addition
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 exemptions contained in Section 119, 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* **SHEILA SCHONFIELD** 954-484-3719