


FILE NOW: FILING FEE IS \$61.25

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Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758919** (5)

1. Corporation Name

**CYPRESS CREEK PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

APPRAISAL SOURCE, INC.  
6250 N. ANDREWS AVE. #204  
FT. LAUDERDALE FL 33309  
US

APPRAISAL SOURCE, INC.  
6250 N ANDREWS AV. #204  
FT. LAUDERDALE FL 33309  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/25/1981

4. FEI Number

59-2239167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

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

Trust Fund Contribution ☐

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

OKRENT, STEVE  
6250 N. ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

81 Name

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

83

84 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

1-29-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OKRENT, STEVEN	
STREET ADDRESS	6250 N. ANDREWS AVENUE #204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, MARC	
STREET ADDRESS	6250 N. ANDREWS AVENUE #204	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SNYDER, GEORGE H.	
STREET ADDRESS	5809 NE 21ST AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	QUINTNER, RICK	
STREET ADDRESS	6250 N. ANDREWS AVE. #100	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: X

**SIGNATURE REQUIRED**

1-21-98

CR2E037 (10/97)