

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759608

(3)

1. Corporation Name

CYPRESS RUN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SOUTHEAST CONDO. MGT.
3111 UNIVERSITY DRIVE SUITE 601
CORAL SPRINGS FL 33065

C/O SOUTHEAST CONDO. MGT.
3111 UNIVERSITY DRIVE SUITE 601
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

22-2482901

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 11670 NW 20 DR.

26 11670 NW 20 DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CORAL SPRINGS

27

City & State

City & State

23 CORAL SPRINGS, FL

28 CORAL SPRINGS, FL

Zip

Country

Zip

Country

24 33071

25

29 33071

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for delinquent tax under 2199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAGE, BRUCE
11676 NW 20 DRIVE
CORAL SPRINGS FL 33071

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of person appointed agent in the State of Florida)

(Signature of Registered Agent (signature required after first filing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SAGE, BRUCE
STREET ADDRESS	11676 NW 20 DRIVE
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	TD
NAME	MONSOUR, JANET
STREET ADDRESS	11668 NW 20 DRIVE
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	☒ Change ☐ Addition
19 NAME	TD, SD
20 STREET ADDRESS	RICHARD BOTTING
21 CITY, ST, ZIP	11670 NW 20 DR.
22 CITY, ST, ZIP	CORAL SPRINGS, FL 33071
23 TITLE	☐ Change ☒ Addition
24 NAME	D
25 STREET ADDRESS	JAMES SIMMONS
26 CITY, ST, ZIP	11680 NW 20 DR.
27 CITY, ST, ZIP	CORAL SPRINGS, FL 33071
28 TITLE	☐ Change ☐ Addition
29 NAME	
30 STREET ADDRESS	
31 CITY, ST, ZIP	
32 TITLE	☐ Change ☐ Addition
33 NAME	
34 STREET ADDRESS	
35 CITY, ST, ZIP	
36 TITLE	☐ Change ☐ Addition
37 NAME	
38 STREET ADDRESS	
39 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed quality for the exemption related in Section 119.07(3)(b), 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 person or persons empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

RICHARD BOTTING

4/21/95 305-975-9940

Signature Required