2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90275 004 ****61.25

DOCUMENT # 759608

1. Entity Name
CYPRESS RUN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11660 NW 20 DRIVE CORAL SPRINGS, FL 33071 US	11660 NW 20 DRIVE CORAL SPRINGS, FL 33071 US

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04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2482901

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PROCOPIO, AL
11660 NW 20 DRIVE
CORAL SPRINGS, FL 33071

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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: Al Procopio AL PROCOPIO, PRESIDENT 4-12-04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PROCOPIO, AL
STREET ADDRESS	11660 NW 20 DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	TD
NAME	ANDERSON, SIMONE
STREET ADDRESS	11678 N.W. 20TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VD
NAME	PASTORINO, MARCELLO
STREET ADDRESS	11690 N.W. 20TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	HILL, LISA
STREET ADDRESS	11676 N.W. 20TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	MC WILLIAM, MAUREEN
STREET ADDRESS	11692 N.W. 20TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Al Procopio AL PROCOPIO, PRES 4-12-04 (954) 753-0072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #