

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 90168 028 ****61.25

DOCUMENT # 759608

1. Entity Name
**CYPRESS RUN TOWNHOMES CONDOMINIUM ASSOCIATION, I
NC.**



Principal Place of Business
**11660 NW 20 DRIVE
CORAL SPRINGS FL 33071
US**

Mailing Address
**11660 NW 20 DRIVE
CORAL SPRINGS FL 33071
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 *Al Procopio*

Al Procopio, President 4-28-03

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **PROCOPIO, AL**
STREET ADDRESS **11660 NW 20 DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **ANDERSON, SIMONE**
STREET ADDRESS **11678 N.W. 20TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **JORDAN, CYNTHIA**
STREET ADDRESS **11684 N.W. 20TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **PASTORINO, MARCELLO**
STREET ADDRESS **11690 N.W. 20TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GARDNER, DONNA**
STREET ADDRESS **11682 NW 20TH DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Al Procopio* **AL PROCOPIO REQUIRED** *Al Procopio 4-28-03 954-753-0072*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)



55044355
759608

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 19, 2003

CYPRESS RUN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.
11660 NW 20 DRIVE
CORAL SPRINGS, FL 33071 US

Subject: CYPRESS RUN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Reference Number: 759608

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/BB

ANNUAL REPORTS SECTION

Directors
1. Al Procapio
2. Simone Anderson
3. Marcello Pastorino