

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 769885

1. Entity Name
CYPRESS CREEK OFFICE & INDUSTRIAL PARK
PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
825 NW 61ST STREET
FT. LAUDERDALE, FL 33309

Mailing Address
825 NW 61ST STREET
FT. LAUDERDALE, FL 33309



03292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2340203

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUPPE, JAMES
825 N.W. 61ST ST.
FT. LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 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**

1000000102065
04/02/04-80039-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	SUPPE, ANN
STREET ADDRESS	825 NW 61 ST
CITY - ST - ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	SUPPE, JAMES
STREET ADDRESS	825 NW 61ST ST.
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	MINIEA, SAM
STREET ADDRESS	850 NW 61ST ST.
CITY - ST - ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	MYERS, KIMBERLY
STREET ADDRESS	877 NW 61 ST
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	PD
NAME	BERRY, ANDREW
STREET ADDRESS	610 POWERLINE ROAD
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES SUPPE 3/31/04

Date

Daytime Phone

954-772-5440