

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 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



01182007 No Chg-NP

CR2E037 (4/06)

**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 reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000601872  
01/26/07-80067-007 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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 REGISTERED OFFICER OR DIRECTOR

1/18/07

Date

Daytime Phone #