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

## FILED Aug 28, 2003 8:00 am Secretary of State

DOCUMENT # N0000007032  1. Entity Name CYPRESS CREEK OFFICE PLAZA CONDOMINIUM ASSOCIATION SSB, INC.						08-28-200	3 90065 048 ***	*61.25
Principal Place of Business			Mailing Address	Mailing Address				
6242 N. ANDREWS AVENUE FORT LAUDERDALE FL 33309			6282 N ANDREWS AVE FT LAUDERDALE FL 33309			iá 2011 Cuara Aduli .		elig <b>o</b> 11 <b>0</b> 1 p <b>od</b> 1
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			HECK HERE (	F MAKING CHANGES	<b>3</b>
City & State			City & State		4. FEI Number 50	30 EE00 101		pplied For lot Applicable
Zip	•	Country	Zip	Country	5. Certificate of Sta	itus Desired	\$8.75 Ac	iditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
				Name	Name			
NORTON, DAVID 8242 N. ANDREWS AVENUE				Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
FORT	AUDERDALE	FL 33309		<i>*</i>				
•				City			FL Zip Coo	ie e
B. The above the obliga	e named entity ations of regist	y submits this statement for ered agent.	r the purpose of changing its	s registered office or reg	gistered agent, or both, in t	ne State of Flor	ida. I am familiar with,	and accept
SIGNATURE				·				
	Signature, typed	or printed name of registered agent a	and title if applicable. (NO)	TE: Registered Agent signature re	equired when reinstating)		DATE	—— ;
After Sep	FILE NOW	FEE IS \$61.25 2003, min will be \$2	9. Election Ca	mpaign Financing	\$5.00 May Be Added to Fees		ce Check Payable a Department of	
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2. I neredy 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 appurate 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 expect it is 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 exposured.

SIGNATURE

GROWTURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

2/03 305-856-12/45 Date Deptime Prome #