2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/5/2004-90210-045-$61.25-$61.25

DOCUMENT # N03000005888

1. Entity Name
CYPRESS BAY GIRLS BASKETBALL BOOSTER CLUB, INC.

FILED
04 JUL -7 PM 4:22
SECRETARY OF STATE

Principal Place of Business	Mailing Address
936 LAVENDER CIR WESTON, FL 33327	936 LAVENDER CIR WESTON, FL 33327

02022004 Chg-NP CR2E037 (10/03)

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 30-0180940 ☐ 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
MCDONALD, DAVID M 1393 SW 1ST ST STE 200 MIAMI, FL 33135	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 [signature] April 28, 2004
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEZAJ, NOREEN D 936 LAVENDER CIR WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHNSON, GAIL 19100 SW 57TH CT SW RANCHES, FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEWELL, LORI 1341 ST TROPEZ WESTON, FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS ANN MARIE MURPHY-GRUMBERG 15015 WINDOVER WAY DAVIE FL 33331 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCLOUGHLIN, GEORGIA 16065 FAIRWAY CIR WESTON, FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: A M Murphy Grumberg 4-27-04 954-252-1969
SIGNATURE AND TYPED OR PRINTED NAME OF ASSISTING OFFICER OR DIRECTOR Date Daytime Phone #