


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009772</b>	
<b>1. Entity Name</b> CYPRESS CIVIC ASSOCIATION, INCORPORATED	

<b>Principal Place of Business</b> 730 S.E. 5TH TERRACE POMPANO BEACH, FL 33060 US	<b>Mailing Address</b> 730 S.E. 5TH TERRACE POMPANO BEACH, FL 33060 US
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02152006 No Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 56-2419039	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

HARDIN, LEETA  
730 S.E. 5TH TERRACE  
POMPANO BEACH, FL 33060

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**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 re-registering) **DATE** \_\_\_\_\_

**Filing Fee is \$61.23  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D, P ZALDIVAR, RENE P.O. BOX 611826 POMPANO BEACH, FL 33061
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D, T HARDIN, LEETA 730 S.E. 5TH TERRACE POMPANO BEACH, FL 33060
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BLOUNT, GAIL 280 S.E. 10TH STREET POMPANO BEACH, FL 33060
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CUTT, JEFF 291 S.E. 9TH COURT POMPANO BEACH, FL 33060
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D LEYS, RICH 620 S.E. 5TH TERRACE POMPANO BEACH, FL 33060
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D LUBOMSKI, RAY 701 S.E. 5TH AVENUE POMPANO BEACH, FL 33060

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02/23/06-80075-023 61.25

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**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 817, 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:**  **2/15/06** **954-941-9509**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #