2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State
08-18-2004 90001 025 ****61.25

DOCUMENT # N15610

1. Entity Name
THE LANDINGS ON CYPRESS GREENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O TREASURER 6000 NW 94TH AVE TAMARAC, FL 33321	C/O TREASURER 6000 NW 94TH AVE TAMARAC, FL 33321

07122004 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 59-2773626 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOLLET, MARIAN J
6000 NW 94 AVE
FORT LAUDERDALE, FL 33321

7. Name and Address of New Registered Agent

Name ROSALIE TELLER
Street Address (P.O. Box Number is Not Acceptable) 9055 NW 61 ST
TAMARAC FL 33321
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 Rosalie Teller ROSALIE TELLER 8/13/04
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 September 8, 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	TD KOLLETT, MARIAN 9259 N.W. 61ST STREET TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSALIE TELLER 9055 NW 61 ST TAMARAC FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANTON, LEE 6000 NW 91ST WAY TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRANK INDUSI 9260 NW 60 ST TAMARAC FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRAWFORD, LAVENA 6041 N.W. 91ST WAY TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARYANN KIRVAN 6162 NW 91 WAY TAMARAC FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAYER, ISABELL 6090 NW 90TH AVE TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JERRY PAGE 6153 NW 91 AVE TAMARAC FL 33321	☐ 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)(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 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: Rosalie Teller ROSALIE TELLER 8/13/04 954 720-8958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #