


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90017 022 ****61.25

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| DOCUMENT # N19654 1. Entity Name CYPRESS (LAS VERDES) CONDOMINIUM ASSOCIATION, INC. | |  | |
| Principal Place of Business 6401 CONGRESS AVE STE-140 BOCA RATON, FL 33487 US | | Mailing Address 6401 CONGRESS AVE STE-140 BOCA RATON, FL 33487 US | |
| 2. Principal Place of Business - No P.O. Box # 1200 S. Rogers Circle Suite, Apt. #, etc. Ste 3 | | 3. Mailing Address 1200 S. Rogers Circle Suite, Apt. #, etc. Ste #3 | |
| City & State Boca Raton FL | | City & State Boca Raton FL | |
| -Zip 33487 | | Zip 33487 | |
| Country | | Country | |
| 4. FEI Number 65-0010627 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LIPPMAN, KAREN 6401 CONGRESS AVE STE-140 BOCA RATON, FL 33487 | | 7. Name and Address of New Registered Agent Name Karen Lippman Street Address (P.O. Box Number is Not Acceptable) 1200 S. Rogers Circle Ste 3 City Boca Raton FL Zip Code 33487 | |
| 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 Karen Lippman DATE 4/19/08 <small>(Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VD <input type="checkbox"/> Delete NAME STETTNER, AUGUST STREET ADDRESS 5370 LAS VERDES CIRCLE #322 CITY-ST-ZIP DELRAY BEACH, FL 33484 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE SD <input type="checkbox"/> Delete NAME STETTNER, CATHERINE STREET ADDRESS 5370 LAS VERDES CIRCLE #322 CITY-ST-ZIP DELRAY BEACH, FL 33484 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE PD <input type="checkbox"/> Delete NAME LANE, GERALDINE STREET ADDRESS 5370 LAS VERDES CIR #102 CITY-ST-ZIP DELRAY BEACH, FL 33484 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE D <input type="checkbox"/> Delete NAME GATEMAN, AL STREET ADDRESS 5370 LAS VERDES CIR. # 320 CITY-ST-ZIP DELRAY BEACH, FL 33484 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE T <input type="checkbox"/> Delete NAME Devestine, Murray STREET ADDRESS 5370 LAS VERDES CIRCLE #118 CITY-ST-ZIP DELRAY BEACH, FL 33484 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE D <input type="checkbox"/> Delete NAME GIOVERE, DONALD STREET ADDRESS 5370 LAS VERDES CIRCLE #105 CITY-ST-ZIP DELRAY BEACH, FL 33484 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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: Geraldine L. Lane (Geraldine L. Lane) 4-968 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |
| President | | | |