

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19654

FILED
Apr 21, 2012
Secretary of State

Entity Name: CYPRESS (LAS VERDES) CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5370 LAS VERDES CIR
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM M. MORSE, EA
210 NE 6TH AVE STE 101
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0010627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORSE, WILLIAM M
210 NE 6TH AVE
STE 101
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: ABARAMOWITZ, SANDY
Address: 5370 LAS VERDES CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: PD
Name: ARGERAKIS, MARILYN
Address: 5370 LAS VERDES CIRCLE #314
City-St-Zip: DELRAY BEACH, FL 33484

Title: O
Name: GATEMAN, AL
Address: 5370 LAS VERDES CIR #302
City-St-Zip: DELRAY BEACH, FL 33484

Title: P
Name: GIOVERE, DONALD
Address: 5370 LAS VERDES CIRCLE #105
City-St-Zip: DELRAY BEACH, FL 33484

Title: O
Name: TATUSCH, RUDOLF
Address: 5370 LAS VERDES CIRCLE #313
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARILYN ARGERAKIS

P

04/21/2012

Electronic Signature of Signing Officer or Director

Date