


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90204 032 ****61.25

DOCUMENT # N23350 1. Entity Name CYPRESS GLEN TOWN HOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7932 WILES RD POMPANO BEACH, FL 33067 US			Mailing Address C/O BENCHMARK PROPERTY MGMT 7932 WILES RD POMPANO BEACH, FL 33067 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03302007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0099366	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CYNTHIA G WHITTLE C/O BENCHMARK PROPERTY MGMT 7932 WILES RD POMPANO BEACH, FL 33067				Name <u>Robert Kaye + Associates, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6261 NW 6th Way</u> Suite 103 City <u>FL Lauderdale</u> FL Zip Code <u>33309</u>	
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 <u>Robert Kaye President</u> DATE <u>4-16-07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON, BARBARA		NAME	Sauve, Karen	
STREET ADDRESS	10860 CYPRESS GLEN DR		STREET ADDRESS	10859 Cypress Glen Drive	
CITY-ST-ZIP	POMPANO BEACH, FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAVE, KAREN		NAME	London, Barbara	
STREET ADDRESS	10859 CYPRESS GLEN DR		STREET ADDRESS	10860 CYPRESS GLEN DRIVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICAPUA, LUCIE		NAME	Schreck, Donna	
STREET ADDRESS	10837 CYPRESS GLEN DRIVE		STREET ADDRESS	10825 CYPRESS GLEN DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTINERAS, ROBERT		NAME	Bailey, Diane	
STREET ADDRESS	10860 CYPRESS GLEN DRIVE		STREET ADDRESS	10892 CYPRESS GLEN DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARKALITS, PETER		NAME		
STREET ADDRESS	10828 CYPRESS GLEN DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTEIN, HELENE		NAME		
STREET ADDRESS	10832 CYPRESS GLEN DR		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33071		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: <u>KAREN SAUVE - Karen Sauve - President</u> Date <u>4/12/07</u> Daytime Phone # <u>(954) 344-6870</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					