

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90036 016 \*\*\*\*61.25

<b>DOCUMENT # N23350</b>	
1. Entity Name CYPRESS GLEN TOWN HOMES CONDOMINIUM ASSOCIATION, INC.	



40031000



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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY SUITE 103 FORT LAUDERDALE, FL 33309	
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03142008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0099366	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUVE, KAREN	NAME	Schreck, Donna
STREET ADDRESS	10859 CYPRESS GLEN DRIVE8	STREET ADDRESS	10825 cypress Glen Drive
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	Coral Springs FL 33071
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON, BARBARA	NAME	Dailey, Diane
STREET ADDRESS	10860 CYPRESS GLEN DRIVE	STREET ADDRESS	10892 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	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHREK, DONNA	NAME	Opio, Monica
STREET ADDRESS	10825 CYPRESS GLEN DRIVE	STREET ADDRESS	10856 cypress Glen Drive
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	Coral Springs FL 33071
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAILEY, DIANE	NAME	Riesgo, Regina
STREET ADDRESS	10892 CYPRESS GLEN DRIVE	STREET ADDRESS	10801 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 checked="" 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: <i>[Signature]</i>	3/28/08	954-3445353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #