

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004926 (1)

1. Corporation Name

CYPRESS PLACE, INC.

300001840983
-05/28/96--01037--004
***61.25



Principal Place of Business

Mailing Address

10.000 STIRLING RD. SUITE 2
COOPER CITY FL 33024

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COOPER CITY FL 33024

3. Date Incorporated or Qualified
01/12/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0480744

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GINSBERG, YVONNE
3121 N.52 AVENUE
HOLLYWOOD FL 33024

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME GRIFFIN, JOSEPH
STREET ADDRESS 1800 S.W. 9 ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33312

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME STAR, ROBIN M
STREET ADDRESS 9788 N.W. 15 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33024

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME GOOD, BARBARA
STREET ADDRESS 2224 S.E. 20 ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33316

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME EISNER, ANN M
STREET ADDRESS 7330 LA RESERVE CIRCLE
CITY-ST-ZIP TAMARAC FL 33321

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GIBSON, JAMES
STREET ADDRESS 17600 N.W. 9 PL.
CITY-ST-ZIP MIAMI FL 33169

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GURLAND, CAROLINE A
STREET ADDRESS 4401 N. HILLS DR.
CITY-ST-ZIP HOLLYWOOD FL 33021

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara W. Good*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 763-2861
Date Daytime Phone

CR2E037 (12/95)