2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90081 011 ****70.00

DOCUMENT # N94000004926

1. Entity Name

CYPRESS PLACE, INC.

Principal Place of Business	Mailing Address
2560 N. STATE RD 7 HOLLYWOOD FL 33021	2560 N. STATE RD 7 HOLLYWOOD FL 33021

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0480744 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GINSBERG, YVONNE
3121 N.52 AVENUE
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	AL WESOLOWSKI, MICHAEL 401 NW 2 AVE., STE 321 MIAMI FL 33128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President BRUCE ANDERSEN 1600 S.W. 9st Ft Lauderdale FLA 33312.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDAL HIDEN, JOAN 9709 HAWERN DR TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A+ Pay Harbor Kaplan ARLEVE P.O. Box 840938 Pemb. Pines. FLA 33084
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOOD, BARBARA 2224 S.E. 20 ST. FT. LAUDERDALE FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EISNER, ANN M 7330 LA RESERVE CIRCLE TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED GINSBERG, VYONNE 3121 N 52 AVE HLUB FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GURLAND, CAROLINE A 4401 N. HILLS DR. HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Yvonne Ginsberg 1-25-04 954-989-7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #