2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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NAME

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NAME

TAMARAC, FL 33321

GINSBERG, VYONNE

GURLAND, CAROLINE A

HOLLYWOOD, FL 33021

3121 N 52 AVE

HLUB, FL 33021

4401 N. HILLS DR.

ED

Jan 18, 2007 8:00 am Secretary of State DOCUMENT # N94000004926 01-18-2007 90113 038 ****70.00 CYPRESS PLACE, INC. Principal Place of Business Mailing Address 2560 N. STATE RD 7 2560 N. STATE RD 7 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0480744 City & State City & State Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GINSBERG, YVONNE 3121 N.52 AVENUE Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33024 City 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. KYONNE GINSBERG (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition Change WESOLOWSKI, MICHAEL NAME NAME STREET ADDRESS 401 NW 2 AVE., STE 321 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33128 CITY-ST-ZIP VDAL ☐ Delete TITI F ☐ Channe ☐ Addition HIDEN, JOAN NAME STREET ADDRESS 9709 HAWERN DR STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 CITY+ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition GOOD, BARBARA NAME STREET ADDRESS 2224 S.E. 20 ST. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33316 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition EISNER, ANN M NAME NAME STREET ADDRESS 7330 LA RESERVE CIRCLE STREET ADDRESS

FILED

☐ Change

□ Addition

☐ Addition

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

ATTACHMENT Division of Corporations



Annual Report

Annual Report Help

Document Number N94000004926 **Business Entity Name** CYPRESS PLACE, INC.

FEI Number

650480744

FEI Number Status

Listed Above

No

Applied For

Not

Applicable

Certificate of Status Desired

Yes

\$8.75 each

Election Campaign Financing Trust Fund

Contribution

Yes No

Principal Place of Business

Address

2560 N. STATE RD 7

Suite, Apt. #, etc.

City, State

HOLLYWOOD

Zip Code & Country 33021

Mailing Address

Address

2560 N. STATE RD 7

Suite, Apt. #, etc.

City, State

HOLLYWOOD

FL

Zip Code & Country 33021

Name and Address of Registered Agent

Name (Last, First, Middle,

Title)

GINSBERG

. YVONNE

- OR -

Business to serve as RA

Address (PO Box is not

acceptable)

3121 N.52 AVENUE

Suite, Apt. #, etc.

City, State

HOLLYWOOD

, FL

Zip Code & Country

33021

US

If there is a change in registered agent, the new agent will need to type their name https://efile.sunbiz.org/scripts/ubr001.exe 1/3/2007 in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	AL			
Name (Last, First, Middle, Title)	WESOLOWSKI	, MICHAEL	, ,	
- OR -				
Entity Name to serve as Officer/Director				
Street Address	401 NIW 2 AVE - S	TE 221		
	401 NW 2 AVE., S			
 City, State	MIAMI	, FL		
Zip Code & Country	33128			
Title	VDAL			
Name (Last, First, Middle, Title)	HIDEN	, JOAN	, ,	
- OR -				
Entity Name to serve as Officer/Director				
Street Address	9709 HAWERN DR			
City, State	TAMARAC	, FL		
Zip Code & Country	33321			
Title	SD			
Name (Last, First, Middle, Title)	GOOD	, BARBARA	, ,	
- OR -				
Entity Name to serve as Officer/Director				
Street Address	2224 S.E. 20 ST.			
City, State	FT. LAUDERDALE	, FL		
<i>y</i> ,		, '-		

33316

Zip Code & Country

Division of Corporations

ATTACHMENT 60002987 Page 3 of 4

	•	#N94101	50004926	
Title	TD	·		
Name (Last, First, Middle, Title) - OR -	EISNER	, ANN	, M ,	
Entity Name to serve as Officer/Director				
Street Address	7330 LA RESERVE CIRCLE			
City, State	TAMARAC	,	FL	
Zip Code & Country	33321			
Title	ÉD			
Name (Last, First, Middle, Title)	GINSBERG	, VYONNE	, ,	
- OR - Entity Name to serve as Officer/Director				
Street Address	3121 N 52 AVE			
City, State	HLUB	,	FL	
Zip Code & Country	33021			
Title	· · · · · · · · · · · · · · · · · · ·		- 	
Name (Last, First, Middle, Title)	GURLAND	, CAROLINE	, A ,	
- OR - Entity Name to serve as Officer/Director				
Street Address	4401 N. HILLS	DR.		
City, State	HOLLYWOOD	, 1	FL	
Zip Code & Country	33021			

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Director

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset