2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005638

1. Entity Name
CYPRESS PRESERVE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
4863 N.E. 4TH AVENUE
FORT LAUDERDALE, FL 33334 US

Mailing Address
P.O.BOX 70488
FORT LAUDERDALE, FL 33307 US

02042008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0840264 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALLBE, CARLOS J
4863 N.E. 4TH AVENUE
FORT LAUDERDALE, FL 33334

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BALLBE, CARLOS J
STREET ADDRESS	P.O.BOX 70488
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307
TITLE	D
NAME	THOMAS, RALPH
STREET ADDRESS	4250 N.W. 30 STREET
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/08-80010-017 61.25

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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: Carlos J. Ballbe 2/11/08 954-444-8529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #