

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 723871**

1. Entity Name  
CYPRESS LAKE NO. 12, INC.



Principal Place of Business  
1371 SE 9TH AVENUE  
POMPAN0 BEACH, FL 33060

Mailing Address  
1371 SE 9TH AVENUE  
POMPAN0 BEACH, FL 33060



01162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2249342**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MURRAY, CAROL  
1371 SE 9TH AVE  
APT 4  
POMPAN0 BEACH, FL 33060

**DO NOT WRITE  
IN THIS SPACE**

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 Carol Murray 1/16/07  
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, 2007**

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

U000000592032  
01/19/07-80046-009 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
LATTIMER, BARBARA  
1371 SE 9TH AVENUE  
POMPAN0 BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
MURRAY, CAROL  
1371 SE 9TH AVE  
POMPAN0 BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BURKE, THERESE  
1371 SE 9TH AVENUE  
POMPAN0 BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
HOYT, HAROLD  
1371 SE 9TH AVENUE  
POMPAN0 BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: Carol Murray CAROL MURRAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07 954-946-2160  
Date Daytime Phone #