

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:17

DOCUMENT # 747951

(2)

1. Corporation Name

CYPRESS LAKES MASTER HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

3445 CYPRESS TRAIL
WEST PALM BEACH FL 33417
US

3445 CYPRESS TRAIL
WEST PALM BEACH FL 33417
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1979

3a. Date of Last Report

02/14/1994

4. FEI Number

59-2538729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE. SOUTH, STE. 600
WEST PALM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, 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
NAME CAULFIELD, CHARLES P.
STREET ADDRESS 3445 CYPRESS TRAIL
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD
NAME POSNER, ANGELINA
STREET ADDRESS 3445 CYPRESS TRAIL
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE ☐ Change ☐ Addition

TITLE TD
NAME HANLEY, ROBERT E.
STREET ADDRESS 3445 CYPRESS TRAIL
CITY-ST-ZIP W. PALM BEACH FL

3.1 TITLE ☐ Change ☐ Addition

TITLE SD
NAME NEVIN, SANDER
STREET ADDRESS 3445 CYPRESS TRAIL
CITY-ST-ZIP W PALM BCH FL

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-95

Date

402-471-8256

Daytime Phone