FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769867** **(3)**

1. Corporation Name
CYPRESS LAKES HOMEOWNERS ASSOCIATION 7-A, INC.

Principal Place of Business	Mailing Address
~~3446 AMALFI DRIVE~~ ~~WEST PALM BEACH FL 33417~~	3566 AMALFI DRIVE WEST PALM BEACH FL 33417 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1983
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2774471 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3566 AMALFI DRIVE	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WEST PALM BEACH, FL	City & State 28
Zip 24 33417	Country 25 PALM BEACH
Zip 29	Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOMBARDO, MARIE C 3566 AMALFI DRIVE WEST PALM BEACH FL 33417	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STONE, MURRAY	1.2 NAME	
STREET ADDRESS	5501 JANICE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	SMITH, DON X X X	2.2 NAME	KREISBERG, ARTHUR
STREET ADDRESS	3457 AMALFI DR	2.3 STREET ADDRESS	5500 JANICE LN.
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	STILLERMAN, SEYMOUR	3.2 NAME	
STREET ADDRESS	3453 AMALFI DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	LOMBARDO, MARIE C	4.2 NAME	
STREET ADDRESS	3566 AMALFI FT	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SPIEGEL, FRED	5.2 NAME	
STREET ADDRESS	3569 AMALFI DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GROSSBERG, EVELYN	6.2 NAME	
STREET ADDRESS	3508 AMALFI DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	

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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: MURRAY STONE PRESIDENT 4-22-95 (407) 694-2368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011680