

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009329

FILED  
Apr 22, 2005  
Secretary of State

**Entity Name:** THE HOMEOWNERS' ASSOCIATION OF CYPRESS LAKES, INC.

**Current Principal Place of Business:**

4315 PABLO OAKS COURT, STE 1  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4315 PABLO OAKS COURT, STE 1  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 20-1366863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SETZER, J KEVIN  
STOKES & COMPANY  
4315 PABLO OAKS CT, SUITE 1  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCLEAN, MURPHY  
Address: 4315 PABLO OAKS COURT, STE 1  
City-St-Zip: JACKSONVILLE, FL 32224

Title: STD ( ) Delete  
Name: NORMAN, CINDY  
Address: 4315 PABLO OAKS COURT, STE 1  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD ( ) Delete  
Name: BURKHART, WILLIAM  
Address: 3600 S YOSEMITE ST, SUITE 900  
City-St-Zip: DENVER, CO 80237

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MCLEAN, MURPHY B JR  
Address: 4315 PABLO OAKS COURT, STE 1  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DST (X) Change ( ) Addition  
Name: NORMAN, CINDY  
Address: 4315 PABLO OAKS COURT, STE 1  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DV (X) Change ( ) Addition  
Name: BURKHART, WILLIAM  
Address: 3600 S YOSEMITE ST, SUITE 900  
City-St-Zip: DENVER, CO 80237

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY NORMAN

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04/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date