


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90385 031 ****61.25

DOCUMENT # N31527

1. Entity Name
 CYPRESS WOODS LAKE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business
 1928 LAKE WORTH RD.
 LAKE WORTH, FL 33461

Mailing Address
 1928 LAKE WORTH RD.
 LAKE WORTH, FL 33461

14012320



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03292005 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0158671 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ASSOCIATED PROPERTY MANAGEMENT
 1928 LAKE WORTH RD.
 LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TUDISCO, DOROTHY	
STREET ADDRESS	3808 CYPRESS LAKE DR	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAMMOND, SCOTT	
STREET ADDRESS	8634 VISTA GREENS CT.	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	REIMAN, PHYLLIS	
STREET ADDRESS	3772 CYPRESS LAKE DR.	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, SUSAN	
STREET ADDRESS	3688 CYPRESS LAKE DR	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, PATRICIA	
STREET ADDRESS	3926 ROYAL CYPRESS LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA A. Johnson	
STREET ADDRESS	3726 Royal Cypress lane	
CITY-ST-ZIP	lake worth, FL 33467	
TITLE	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shawn Radka	
STREET ADDRESS	3768 Cypress lake DR.	
CITY-ST-ZIP	lake worth, FL 33467	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chay hairsey	
STREET ADDRESS	3685 Cypress lake DR.	
CITY-ST-ZIP	lake worth, FL 33467	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adam lava	
STREET ADDRESS	3764 Cypress lake DR.	
CITY-ST-ZIP	lake worth, FL 33467	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Fischer	
STREET ADDRESS	3688 Cypress lake DR.	
CITY-ST-ZIP	lake worth, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Patricia A. Johnson 4.25.05 (561) 868-0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #