


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90411 025 \*\*\*\*61.25

<b>DOCUMENT # N31527</b>					
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			
2. Principal Place of Business 2328 S. CONGRESS AVENUE		3. Mailing Address 2328 S. CONGRESS AVENUE			
Suite, Apt. #, etc. SUITE 2A		Suite, Apt. #, etc. SUITE 2A		01172006 Chg-NP CR2E037 (11/05)	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 65-0158671	
Zip 33406		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 BERTON KAROL		
			Street Address (P.O. Box Number is Not Acceptable) 3917 SUMMER CHASE COURT		
			City LAKE WORTH FL		
			Zip Code 33467		
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 <u>Berton Karol (BERTON KAROL) P.D.</u> DATE <u>3/10/06</u>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	JOHNSON, PATRICIA A <input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3726 ROYAL CYPRESS LN		NAME	KAROL, BERT
STREET ADDRESS		LAKE WORTH, FL 33467		STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A
CITY-ST-ZIP				CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VP	RADKA, SHAWN <input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3768 CYRESS LAKE DR.		NAME	YOUNG, FRANK
STREET ADDRESS		LAKE WORTH, FL 33467		STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A
CITY-ST-ZIP				CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	T	LEURSEY, CHAY <input checked="" type="checkbox"/> Delete		TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3685 CYPRESS LAKE DR.		NAME	REICH, MANNY
STREET ADDRESS		LAKE WORTH, FL 33467		STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A
CITY-ST-ZIP				CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	S	LAVA, ADAM <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3764 CYPRESS LAKE DR.		NAME	BAKER, FRANK
STREET ADDRESS		LAKE WORTH, FL 33467		STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A
CITY-ST-ZIP				CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D	FISCHER, SUSAN <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3688 CYPRESS LAKE DR		NAME	PATTEN, JOHN
STREET ADDRESS		LAKE WORTH, FL 33467		STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A
CITY-ST-ZIP				CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE		<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	DEAL, CAROL
STREET ADDRESS				STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A
CITY-ST-ZIP				CITY-ST-ZIP	WEST PALM BEACH, FL 33406
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 filer empowered.					
SIGNATURE: <u>Berton Karol (BERTON KAROL)</u> Date <u>3/10/06</u> Daytime Phone # <u>561-969-7642</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

