

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90043 013 ****61.25

DOCUMENT # N97000002878

1. Entity Name
**THE PRESERVE AT CYPRESS LAKES HOMEOWNERS'
ASSOCIATION INC.**



Principal Place of Business
**FLORIDA CENTRAL MANAGEMENT
2430 ESTANCIA BLVD., STE 114
CLEARWATER, FL 33761 US**

Mailing Address
**FLORIDA CENTRAL MANAGEMENT
2430 ESTANCIA BLVD., STE 114
CLEARWATER, FL 33761 US**

24038888



2. Principal Place of Business

3. Mailing Address

SCANNAVINO, INC.

1050 A ELW PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122004

Chg-NP

CR2E037 (10/03)

City & State

OLDSMAR, FL

City & State

OLDSMAR, FL

4. FEI Number

59-3492526

Applied For

Not Applicable

Zip

Country

34677

Zip

Country

34677

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA CENTRAL MANAGEMENT
2430 ESTANCIA BLVD. SUITE 114
CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

Name

SCANNAVINO, INC.

Street Address (P.O. Box Number is Not Acceptable)

1050 A ELW PKWY

City

OLDSMAR

FL

Zip Code

34677

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

Dominick Scannavino

4/1/2004

Signature, typed or printed name of registered agent and title if applicable.

(Not for registered Agent signature)

when reinstating

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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	P	<input type="checkbox"/> Delete
NAME	CLARK, DIANE	
STREET ADDRESS	524 CYPRESSVIEW DR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALLAN, GREG	
STREET ADDRESS	421 CYPRESS VIEW	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PEGGY, COQUIE	
STREET ADDRESS	632 LAKE CYPRESS CR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DINKS, LAWANA	
STREET ADDRESS	577 LAKE CYPRESS DR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILOLAMO, TOM	
STREET ADDRESS	617 LAKE CYPRESS CR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUBLER, KEN	
STREET ADDRESS	617 LAKE CYPRESS CR	
CITY-ST-ZIP	OLDSMAR, FL 34677	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEVERINI, K. AIDA	
STREET ADDRESS	596 LAKE CYPRESS CIRCLE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTMILLER, PAM	
STREET ADDRESS	543 LAKE CYPRESS CIRCLE	
CITY-ST-ZIP	OLDSMAR, FL 34677	

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:

Marie M. Clark (president)

4/1/2004 727-789-1284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #