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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000003957**

1. Corporation Name

CYPRESS LAKES ESTATES III HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
1700 MCMULLEN BOOTH ROAD SUITE C-3 CLEARWATER FL 33759 US	1700 MCMULLEN BOOTH ROAD SUITE C-3 CLEARWATER FL 33759 US

2. Principal Place of Business
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

2a. Mailing Address
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

3. Date Incorporated or Qualified
07/10/1997

4. FEI Number
59-3457806
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LENNARD A. LEIGHTON
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

10. Name and Address of New Registered Agent

81 LENNARD A. LEIGHTON
82 2189 CLEVELAND STREET
83 SUITE 225
84 CLEARWATER, FL 33765
FL 85 Zip Code

Pursuant to the provisions of Section 617.1008 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Lennard A. Leighton 4/27/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BADILLO, LINDA		1.2 NAME	
STREET ADDRESS	7426 TURTLEBROOK LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 33767		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUTENBERG, MARC		2.2 NAME	
STREET ADDRESS	33920 US 19N - SUITE 390		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34619		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, ROBERT		3.2 NAME	
STREET ADDRESS	4688 BRAYTON TERRACE S.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34660		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 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 an address, with all other like empowered.

SIGNATURE: Lennard A. Leighton **REQUIRED** 4/27/99 727-466-0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #