

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003957 1. Entity Name CYPRESS LAKES ESTATES III HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 2757 MEADOWVIEW CT TARPON SPRINGS, FL 34688 US	Mailing Address 2757 MEADOWVIEW CT TARPON SPRINGS, FL 34688 US
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07022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3457806	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CALRK, ROBERT L 2757 MEADOWVIEW CT TARPON SPRINGS, FL 34688

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent Signature required when relistating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, ROBERT 2757 MEADOWVIEW CT TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDRADE, SANDY 2806 MEADOWVIEW COURT TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BADILLO, LINDA 2791 MEADOWVIEW CT TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LACAMERA, RICHARD 2805 MEADOWVIEW CT TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000371060
07/07/05-80001-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Clark Robert Clark 07/02/05 727-939-9567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #