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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000006774

1. Corporation Name

CYPRESS LAKES AT HIGH POINT PHASE TWO HOMEOWNERS
ASSOCIATION, INC.

Principal Place of Business

380 SOUTH NORTH LAKE BLVD. #1012
ALTAMONTE SPRINGS FL 32701

Mailing Address

380 SOUTH NORTH LAKE BLVD. #1012
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business

P.O. Box 780024

2a. Mailing Address

P.O. Box 780024

3. Date Incorporated or Qualified

11/25/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3548459

Applied For

Not Applicable

23 City & State

ORLANDO, FLORIDA

28 City & State

ORLANDO, FLORIDA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip

32878-0024

25 Country

USA

29 Zip

32878-0024

30 Country

USA

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMALL, PETER N
380 SOUTH NORTH LAKE BLVD. #1012
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

GILBERT J. PACK

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

632 CYPRESS TREE CT.

83

84 City

ORLANDO

FL

85 Zip Code

32825

11. Pursuant to the provisions of Sections 617.0502 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

Gilbert J. Pack

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

(NOTE: Registered Agent signature required when reinstating)

3-9-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SMALL, PETE
STREET ADDRESS 380 SOUTH NORTH LAKE BLVD. #1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE VSD ☒ DELETE

NAME WATTERS, MARCUS L JR.
STREET ADDRESS 380 SOUTH NORTH LAKE BLVD. #1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE STD ☒ DELETE

NAME APPLEMAN, JACK
STREET ADDRESS 380 SOUTH NORTH LAKE BLVD. #1012
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME GILBERT J. PACK
1.3 STREET ADDRESS 632 CYPRESS TREE CT.
1.4 CITY-ST-ZIP ORLANDO, FL. 32825

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME MARK WILLIAMS
2.3 STREET ADDRESS 520 CYPRESS TREE CT.
2.4 CITY-ST-ZIP ORLANDO, FL. 32825

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME MARIA VENTURA
3.3 STREET ADDRESS 547 CYPRESS TREE CT.
3.4 CITY-ST-ZIP ORLANDO, FL. 32825

4.1 TITLE TS ☐ Change ☒ Addition

4.2 NAME JOE KINDER
4.3 STREET ADDRESS 629 CYPRESS TREE CT.
4.4 CITY-ST-ZIP ORLANDO, FL. 32825

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Gilbert J. Pack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

Date

407-281-0191

Daytime Phone #

CR2E037 (11/98)