2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007949

1. Entity Name
CYPRESS LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1750 W BROADWAY ST 118 OVIEDO, FL 32765	1750 W BROADWAY ST 118 OVIEDO, FL 32765

01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1133831

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

DAVIS, KEVIN
1750 W BROADWAY ST
118
OVIEDO, FL 32765

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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: [signature] 1/24/05 AGENT
(Typed or printed name of person signing) (If agent is a corporation, the name and title of the officer) (Registered Agent signature required on this filing) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JERMAN, RICHARD
STREET ADDRESS	1750 W BROADWAY ST, #118
CITY ST ZIP	OVIEDO, FL 32765
TITLE	VSD
NAME	KOSOY, BRIAN D
STREET ADDRESS	ONE NORH CLEMATIS STREET SUITE 305
CITY ST ZIP	WEST PALM BEACH, FL 33401
TITLE	TD
NAME	COSTELLO, VINCENT
STREET ADDRESS	ONE NORH CLEMATIS STREET SUITE 305
CITY ST ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/28/05-80008-003 61.25

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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 a similar like empowered.

SIGNATURE: [signature] 1/24/05 407-971-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number