

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90270 025 *****61.25

DOCUMENT # N97000002878

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



Principal Place of Business
**SCANNAVINO INC
1050 A ELW PKWY
OLDSMAR, FL 34677 US**

Mailing Address
**SCANNAVINO INC
1050 A ELW PKWY
OLDSMAR, FL 34677 US**

50005702



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3492526

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCANNAVINO INC
1050 A ELW PKWY
OLDSMAR, FL 34677**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, DIANE	
STREET ADDRESS	524 CYPRESSVIEW DR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAIN, DERRICK	
STREET ADDRESS	524 CYPRESS VIEW DR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SEVERINI, AIDA	
STREET ADDRESS	596 LAKE CYPRESS CIRCLE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEVY, BOB	
STREET ADDRESS	416 CYPRESS VIEW DR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RILEY, MIKE	
STREET ADDRESS	426 CYPRESS VIEW DR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORIO, JAMES	
STREET ADDRESS	409 CYPRESS VIEW DRIVE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
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	ARIAS EDDIE	
STREET ADDRESS	409 CYPRESS VIEW DRIVE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEESECKER, CARRIE	
STREET ADDRESS	510 CYPRESS VIEW DR.	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONE, MIKE	
STREET ADDRESS	415 CYPRESS VIEW DR.	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/06