

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90342 044 ****61.25

DOCUMENT # N02000008603

1. Entity Name
CYPRESS POINTE AT CYPRESS SPRINGS
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1350 ORANGE AVE, SUITE 100
WINTER PARK, FL 32789 US

Mailing Address
1350 ORANGE AVE, SUITE 100
WINTER PARK, FL 32789 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0326491

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PHILLIPS, ROGER
ATTWOOD-PHILLIPS, INC
1350 ORANGE AVE, SUITE 100
WINTER PARK, FL 32789

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

TITLE PD ☐ Delete
NAME BOTWINIK, NIKKI
STREET ADDRESS 1357 AMARYLLIS CIR
CITY-ST-ZIP ORLANDO, FL 32825

TITLE VD ☒ Delete
NAME GIBSON, CLIVE
STREET ADDRESS 12121 DIEDRA CT
CITY-ST-ZIP ORLANDO, FL 32825

TITLE SD ☒ Delete
NAME DAVENPORT, TIM
STREET ADDRESS 12127 CALLISTA CT
CITY-ST-ZIP ORLANDO, FL 32825

TITLE TD ☐ Delete
NAME EVANS, ISAIAH JR
STREET ADDRESS 1443 AMARYLLIS CIR
CITY-ST-ZIP ORLANDO, FL 32825

TITLE ☒ Delete
NAME GRIECO, NICHOLAS
STREET ADDRESS 1913 AMARYLLIS CIR
CITY-ST-ZIP ORLANDO, FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME THOMAS, DON
STREET ADDRESS 1437 AMARYLLIS CIR
CITY-ST-ZIP ORLANDO FL 32825

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: *Don Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06
Date

407-737-4020
Daytime Phone #