

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000302

FILED  
May 03, 2006  
Secretary of State

**Entity Name:** CYPRESS LAKES AT HIGH POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

CYPRESS LAKES HOA  
PO BOX 721020  
ORLANDO, FL 32872 US

**New Principal Place of Business:**

**Current Mailing Address:**

CYPRESS LAKES HOA  
PO BOX 721020  
ORLANDO, FL 32872 US

**New Mailing Address:**

**FEI Number:** 59-3466914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCCULLOH, NEAL ESQ  
1065 MAITLAND CTR COMMONS BLVD  
MAITLAND, FL 327513 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZENGOTITA, KENNETH  
Address: 433 TREE SHORE DR  
City-St-Zip: ORLANDO, FL 32825

Title: VD ( ) Delete  
Name: RAMIREZ, LUIS  
Address: 506 TREE SHORE DR  
City-St-Zip: ORLANDO, FL 32825

Title: TD ( ) Delete  
Name: CHICOMA, MARTA  
Address: 422 TREE SHORE DR  
City-St-Zip: ORLANDO, FL 32825

Title: SD ( ) Delete  
Name: FRATICELLI, ILDA  
Address: 572 TREE SHORE DR  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: BAYON, JULIO  
Address: 559 TREE SHORE DR  
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH ZENGOTITA

PD

05/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date