

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90021 026 \*\*\*\*61.25

**DOCUMENT # N97000002878**

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



**Principal Place of Business**  
**720 BROOKER CREEK BLVD #206**  
**OLDSMAR, FL 34677 US**

**Mailing Address**  
**720 BROOKER CREEK BLVD #206**  
**OLDSMAR, FL 34677 US**

**40048301**



**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**02252008 Chg-NP CR2E037 (12/06)**

City & State

City & State

**4. FEI Number**  
**59-3492526**

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**

**SCANNAVINO INC:**  
**720 BROOKER CREEK BLVD. #206**  
**OLDSMAR, FL 34377**

**7. Name and Address of New Registered Agent**

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, 2008**

**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	VD	<input checked="" type="checkbox"/> Delete
NAME	GREGORIO, JAMES	
STREET ADDRESS	40 CYPRESS VIEW DR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAIN, TERRICK	
STREET ADDRESS	524 CYPRESS VIEW DR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARIAS, EDDIE	
STREET ADDRESS	509 CYPRESS VIEW DR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEESECKER, CARRIE	
STREET ADDRESS	510 CYPRESS VIEW DR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HILSMAN, JANICE	
STREET ADDRESS	606 LAKE CYPRESS VIEW	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONE, MIKE	
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 PAUL	
STREET ADDRESS	542 LAKE CYPRESS CIRCLE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUEL, CHERYL	
STREET ADDRESS	630 LAKE CYPRESS CIRCLE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 #

**2/29/08**