

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 747951

Entity Name: CYPRESS LAKES MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3445 CYPRESS TRAIL
WEST PALM BEACH, FL 33417

Current Mailing Address:

3445 CYPRESS TRAIL
WEST PALM BEACH, FL 33417 US

FEI Number: 59-2538729

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATED CORPORATE SERVICES
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US

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: MICHAEL AREVALO

03/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GOTTLIEB, MERRILL
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417

Title VP
Name DELAPI, NICK
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417

Title SECRETARY
Name ROSILE, CHRISTY
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417

Title PRESIDENT
Name CHAO, DAN
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name GARBER, PAUL
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER
Name MCCOMBS, PAUL
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name BRAUCHLE, MIKE
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name SAMBOLIN, FREDDIE
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417

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I hereby 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 all other like empowered.

SIGNATURE: DAN CHAO

PRESIDENT

03/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EDWARDS, WILLIAM
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name MULLIN, TOM
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417