

**2014 FLORIDA NOT FOR PROFIT CORPORATION 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:**

BECKER & POLIAKOFF, P.A.  
625 FLAGLER DRIVE  
7TH FLOOR  
WEST PALM BEACH, FL 33401 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ARTIGIANI, STEPHANIE  
Address 3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BEACH FL 33417

Title TD  
Name MARGULIES, JOSEPHINE  
Address 3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BEACH FL 33417

Title VPD  
Name GOTTLIEB, MEL  
Address 3445 CYPRESS TRL  
City-State-Zip: WEST PALM BEACH FL 33417

Title SD  
Name FAMA, ANTHONY  
Address 3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BEACH FL 33417

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: STEPHANIE ARTIGIANI**

**PRESIDENT**

**01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date