

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764429

**Entity Name:** CYPRESS LAKES HOMEOWNERS ASSOCIATION VI, INC.

**FILED**  
**Mar 18, 2022**  
**Secretary of State**  
**8220859897CC**

**Current Principal Place of Business:**

C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467 US

**FEI Number: 59-2617898**

**Certificate of Status Desired: No**

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

STOLOFF & MANOFF, P.A.  
1818 AUSTRALIAN AVE., S.  
SUITE 400  
WEST PALM BEACH, FL 33409 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: LAURIE G. MANOFF**

**03/18/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name ENG, MABEL JOYCE  
Address C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title MASTER BOARD REP  
Name DELAPI, NICK  
Address C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title PRESIDENT  
Name DELAPI, MARIAN  
Address C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY, TREASURER  
Name ROSILE, CHRIS  
Address C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

*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: MARIAN DELAPI**

**PRESIDENT**

**03/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date