

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764429

Entity Name: CYPRESS LAKES HOMEOWNERS ASSOCIATION VI, 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**FEI Number:** 59-2617898**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ENG, MABEL
3445 CYPRESS TRAIL
WEST PALM BEACH, FL 33417 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:** MABEL ENG

02/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY, TREASURER
Name ENG, MABEL
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417

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

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

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

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

Title DIRECTOR
Name BRENNERSON, DAVID
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: MABEL ENG**SECRETARY/TREASURER** 02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date