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: JAMES MORRONE

L

Electronic Signature of Signing Officer/Director Detail

O

Title	Р	Title	Т
Name	MORRONE, JAMES A.	Name	MITCHELL, DAVID
Address	6972 LAKE GLORIA BLVD	Address	6972 LAKE GLORIA
City-State-Z	Zip: ORLANDO FL 32809-3200	City-State-Zip:	ORLANDO FL 3280
THE	2		
Title	D		
Name	GAL, ABRAHAM		
Address	6972 LAKE GLORIA BLVD		
City-State-Z	Zip: ORLANDO FL 32809-3200		

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000007949

Entity Name: CYPRESS LAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6972 LAKE GLORIA BLVD ORLANDO, FL 32809

Current Mailing Address:

6972 LAKE GLORIA BLVD ORLANDO, FL 32809

FEI Number: 65-1133831

Name and Address of Current Registered Agent:

LELAND MANAGEMENT INC. 6972 LAKE GLORIA BLVD ORLANDO, FL 32809-3200 US

SIGNATURE	E				
	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	P	Title	Т		
Name	MORRONE, JAMES A.	Name	MITCHELL, DAVID		
Address	6972 LAKE GLORIA BLVD	Address	6972 LAKE GLORIA BLVD		
City-State-Zip:	ORLANDO FL 32809-3200	City-State-Zip:	ORLANDO FL 32809-3200		
T '4.					
Title	D				
Name	GAL, ABRAHAM				

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.

FILED Apr 25, 2016 Secretary of State CC9065603333

Certificate of Status Desired: No

04/25/2016 Date

Date

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