

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000778

**Entity Name:** CYPRESS LAKES MANOR SOUTH CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 14, 2023**  
**Secretary of State**  
**6710284908CC****Current Principal Place of Business:**C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
FORT MYERS, FL 33919**Current Mailing Address:**C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
FORT MYERS, FL 33919 US**FEI Number: 65-1082059****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHOO, PATRICIA  
C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
FORT MYERS, FL 33919 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: PATRICIA SCHOO****04/14/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	STOKES, GAIL
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC 9403 CYPRESS LAKE DRIVE SUITE C
City-State-Zip:	FORT MYERS FL 33919

Title	PRESIDENT
Name	MYERS, MICHAEL
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC 9403 CYPRESS LAKE DRIVE SUITE C
City-State-Zip:	FORT MYERS FL 33919

Title	VICE PRESIDENT
Name	FANTON, JIM
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC 9403 CYPRESS LAKE DRIVE SUITE C
City-State-Zip:	FORT MYERS FL 33919

Title	TREASURER
Name	BELL, LAURA
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC 9403 CYPRESS LAKE DRIVE SUITE C
City-State-Zip:	FORT MYERS FL 33919

Title	DIRECTOR AT LARGE
Name	ZUPPINGER, PETER
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC 9403 CYPRESS LAKE DRIVE SUITE C
City-State-Zip:	FORT MYERS FL 33919

Title	DIRECTOR AT LARGE
Name	NORTH, RUTH ANN
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC 9403 CYPRESS LAKE DRIVE SUITE C
City-State-Zip:	FORT MYERS FL 33919

Title	DIRECTOR AT LARGE, PRESIDENT
Name	PETES, DEBBIE
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC 9403 CYPRESS LAKE DRIVE SUITE C
City-State-Zip:	FORT MYERS FL 33919

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: GAIL STOKES****SECRETARY****04/14/2023**

