

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

DOCUMENT# N93000001232

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**9057370276CC**

**Entity Name:** CYPRESS ISLE ESTATES AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O FIRSTSERVICE RESIDENTIAL, INC.  
12794 W. FOREST HILL BLVD. SUITE 31  
WELLINGTON, FL 33414

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL, INC.  
12794 W. FOREST HILL BLVD. SUITE 31  
WELLINGTON, FL 33414 US

**FEI Number: 65-0417235**

**Certificate of Status Desired: No**

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

KONYK, CHELLE  
140 INTRACOASTAL POINTE DR  
STE 310  
JUPITER, FL 33477 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:** CHELLE KONYK, ESQ.

04/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WINDLER, LAWRENCE  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  12794 W FOREST HILL BLVD SUITE 31

City-State-Zip: WELLINGTON FL 33414

Title            VP  
Name            BALL, WALTER ALLEN  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  12794 W FOREST HILL BLVD SUITE 31

City-State-Zip: WELLINGTON FL 33414

Title            TREASURER  
Name            BARRON, MICHAEL  
Address        C/O FIRSTSERVICE RESIDENTIAL,  
                  INC.  
                  12794 W. FOREST HILL BLVD. SUITE  
                  31

City-State-Zip: WELLINGTON FL 33414

Title            SECRETARY  
Name            MAHONEY, SARAH  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  12794 W FOREST HILL BLVD SUITE 31

City-State-Zip: WELLINGTON FL 33414

Title            DIRECTOR  
Name            WEIR, ANTHONY  
Address        C/O FIRSTSERVICE RESIDENTIAL,  
                  INC.  
                  12794 W. FOREST HILL BLVD. SUITE  
                  31

City-State-Zip: WELLINGTON FL 33414

*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:** LAWRENCE WINDLER

**PRESIDENT**

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date