

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 04, 2016
Secretary of State
CC4801603808

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:

WYANT-CORTEZ, V. CLAIRE
860 US HWY 1
SUITE 108
NORTH PALM BEACH, FL 33408 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name WINDLER, LAWRENCE
Address 1655 CYPRESS ROW DR
City-State-Zip: WEST PALM BEACH FL 33411

Title PRESIDENT
Name TART-CASEY, SHARON
Address 1162 BREAKER WEST BLVD
City-State-Zip: WEST PALM BEACH FL 33411

Title D
Name MANDICH, DONALD R
Address 1675 CYPRESS ROW DRIVE
City-State-Zip: WEST PALM BEACH FL 33411

Title TREASURER
Name ESERNIO, ROBERT
Address 1098 BREAKERS WEST BLVD
City-State-Zip: WEST PALM BEACH FL 33411

Title SECRETARY
Name MAHONEY, SARAH
Address 1154 BREAKERS WEST BLVD
City-State-Zip: WEST PALM BEACH FL 33411

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: SHARON TART- CASEY

PRESIDENT

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date