

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001232

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC9869762375**

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

**Current Principal Place of Business:**

C/O FIRSTSERVICE RESIDENTIAL, INC.  
3461-B FAIRLANE FARMS RD  
WELLINGTON, FL 33414

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL, INC.  
3461-B FAIRLANE FARMS RD  
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 SEC / TREASURER  
Name ESERNIO, ROBERT  
Address 1098 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: TART-CASEY , SHARON**

**PRESIDENT**

**04/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date