2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001232

Entity Name: CYPRESS ISLE ESTATES AT BREAKERS WEST HOMEOWNERS

ASSOCIATION, INC.

FILED
Mar 28, 2017
Secretary of State
CC1982983296

Current Principal Place of Business:

C/O FIRSTSERVICE RESIDENTIAL, INC. 12794 W. FOREST HILL BLVD. SUITE31 WELLINGTON, FL 33414

Current Mailing Address:

C/O FIRSTSERVICE RESIDENTIAL, INC. 12794 W. FOREST HILL BLVD. SUITE31 WELLINGTON, FL 33414 US

FEI Number: 65-0417235 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KONYK, CHELLE 777 S FLAGLER DRIVE SUITE 800 – WEST TOWER WEST PALM BEACH, FL 33401 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. 03/28/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title PRESIDENT

NameWINDLER, LAWRENCENameTART-CASEY, SHARONAddress1655 CYPRESS ROW DRAddress1162 BREAKER WEST BLVDCity-State-Zip:WEST PALM BEACH FL 33411City-State-Zip:WEST PALM BEACH FL 33411

Title SECRETARY Title VP

Name MAHONEY, SARAH Name ADLER, DAVID

Address 1154 BREAKERS WEST BLVD Address 1692 CYPRESS TER

City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR
Name TREFTS, JOYCE

Address 1122 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

03/28/2017