

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003704

Entity Name: CYPRESS PINES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**352 HOMESTEAD ROAD SOUTH
LEHIGH ACRES, FL 33936**Current Mailing Address:**352 HOMESTEAD ROAD SOUTH
LEHIGH ACRES, FL 33936 US**FEI Number:** 65-0397136**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARNELL, PAULA
352 HOMESTEAD ROAD S
LEHIGH ACRES, FL 33936 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:** PAULA CARNELL

03/12/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THISTLE, JOHN
Address 352 HOMESTEAD ROAD SOUTH
City-State-Zip: LEHIGH ACRES FL 33936

Title TREASURER
Name CARNELL, PAULA
Address 352 HOMESTEAD ROAD SOUTH
City-State-Zip: LEHIGH ACRES FL 33936

Title VP
Name STEUBER, LAWRENCE
Address 352 HOMESTEAD ROAD SOUTH
City-State-Zip: LEHIGH ACRES FL 33936

Title DIRECTOR
Name CARRICK, JERE
Address 350 HOMESTEAD ROAD S
City-State-Zip: LEHIGH ACRES FL 33936

Title DIRECTOR
Name ALLEN, ANDREW
Address 352 HOMESTEAD ROAD SOUTH
City-State-Zip: LEHIGH ACRES FL 33936

Title SECRETARY
Name ZIGROSSI, DIANE
Address 352 HOMESTEAD ROAD SOUTH
City-State-Zip: LEHIGH ACRES FL 33936

Title DIRECTOR
Name DIETRICH, GARY
Address 352 HOMESTEAD ROAD SOUTH
City-State-Zip: LEHIGH ACRES FL 33936

Title DIRECTOR
Name LOFINK, LINDA
Address 352 HOMESTEAD ROAD SOUTH
City-State-Zip: LEHIGH ACRES FL 33936

Continues on page 2

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: PAULA CARNELL

TREASURER, CPPOAI

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|--------------------------|
| Title | DIRECTOR |
| Name | SWORDS, MICHAEL |
| Address | 352 HOMESTEAD ROAD SOUTH |
| City-State-Zip: | LEHIGH ACRES FL 33936 |