

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001459

**Entity Name:** CYPRESS PRESERVE OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 14, 2020**  
**Secretary of State**  
**8809909330CC**

**Current Principal Place of Business:**

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135

**FEI Number: 59-3568442**

**Certificate of Status Desired: No**

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

VESTA PROPERTY SERVICES, INC.  
27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135 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: JAMES O'DONNELL**

**04/14/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name WHEATON, DAVE  
Address 27180 BAY LANDING DR  
SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title VP  
Name KNAPP, CHERYL  
Address 27180 BAY LANDING DR  
SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY, TREASURER  
Name SALATA, CINDY  
Address 27180 BAY LANDING DR  
SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title D  
Name KITSMILLER, LINDA  
Address 27180 BAY LANDING DR  
SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title D, SECRETARY  
Name GRAHAM, BRETT  
Address 27180 BAY LANDING DR  
SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

*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: DAVE WHEATON**

**PRESIDENT**

**04/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date