

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003089

Entity Name: CYPRESS SPRINGS VILLAGE S HOMEOWNERS ASSOCIATION, INC.**FILED**
Jan 07, 2020
Secretary of State
2582114145CC**Current Principal Place of Business:**3020 S FLORIDA AVE
SUITE 305
LAKELAND, FL 33803**Current Mailing Address:**3020 S FLORIDA AVE
SUITE 305
LAKELAND, FL 33803 US**FEI Number: 59-3681519****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HIGHLAND COMMUNITY MANAGEMENT, LLC
3020 S FLORIDA AVE
SUITE 305
LAKELAND, FL 33803 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: DENISE ABERCROMBIE****01/07/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name FORD, ARLENE
Address 3020 S FLORIDA AVE
SUITE 305
City-State-Zip: LAKELAND FL 33803**Title** VICE PRESIDENT
Name CARGILL, JAMES
Address 3020 S FLORIDA AVE
SUITE 305
City-State-Zip: LAKELAND FL 33803**Title** S
Name MANABAHAL, OUDIT
Address 3020 S. FLORIDA AVE #305
City-State-Zip: LAKELAND FL 33803**Title** T
Name KIDD, BRUCE
Address 3020 S. FLORIDA AVE #305
City-State-Zip: LAKELAND FL 33803**Title** D
Name MCDONALD, ISABEL
Address 3020 S. FLORIDA AVE #305
City-State-Zip: LAKELAND FL 33803

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: ARLENE FORD**PRESIDENT****01/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date