

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003089

**FILED**  
**Jan 11, 2022**  
**Secretary of State**  
**9763415468CC**

**Entity Name:** CYPRESS SPRINGS VILLAGE S HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4110 S. FLORIDA AVE; SUITE 200  
LAKELAND, FL 33813

**Current Mailing Address:**

4110 S. FLORIDA AVE; SUITE 200  
LAKELAND, FL 33813 US

**FEI Number: 59-3681519**

**Certificate of Status Desired: No**

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

HIGHLAND COMMUNITY MANAGEMENT, LLC  
4110 S. FLORIDA AVE; SUITE 200  
LAKELAND, FL 33813 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**

**01/11/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FORD, ARLENE  
Address 4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name CARGILL, JAMES  
Address 4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name MANABAHAL, OUDIT  
Address 4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title T  
Name TRAPANI, BRUCE  
Address 4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title D  
Name MCDONALD, ISABEL  
Address 4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title SECRETARY  
Name HURTADO, GABRIEL  
Address 4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name NASH, JOE  
Address 4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title VP  
Name ROCHELEAU, MICHAEL  
Address 4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

**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: ELIZABETH ACOSTA**

**PRESIDENT**

**01/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            ACOSTA, ELIZABETH  
Address         4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813