2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 331258

1. Entity Name
CYPRESS GARDENS REALTY, INC.

Principal Place of Business
290 CYPRESS GARDENS BLVD, S E
P.O. BOX 1439
WINTER HAVEN, FL 33880

Mailing Address
290 CYPRESS GARDENS BLVD, S E
P.O. BOX 1439
WINTER HAVEN, FL 33880

03272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1212508 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOLEN, J M
290 CYPRESS GARDENS BLVD, S E
WINTER HAVEN, FL 33880

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	SECKEL, LARRY
STREET ADDRESS	504 LAKE MARIAM
CITY-ST-ZIP	WINTER HAVEN, FL 00000,
TITLE	VD
NAME	LEIS, GEORGE W
STREET ADDRESS	700 MIRROR TERR N W
CITY-ST-ZIP	WINTER HAVEN, FL 00000,
TITLE	STD
NAME	NOLEN, J M JR
STREET ADDRESS	122 LAKE MARIAM WAY
CITY-ST-ZIP	WINTER HAVEN, FL 00000,
TITLE	PD
NAME	NOLEN, J M
STREET ADDRESS	290 CYPRESS GARDENS BLVD, S E
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000254704
05/09/05-80006-015 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. M. Nolen J. M. NOLEN 5-9-05 863-294-7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #