

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90014 047 ****61.25

DOCUMENT # 755320

1. Entity Name
CYPRESS LAKES HOMEOWNERS ASSOCIATION IV, INC.



Principal Place of Business
3309 AVIGNON COURT
5337 BELLEVILLE ROAD
W. PALM BEACH, FL 33417 US

Mailing Address
3296 AVIGNON CT
WEST PALM BEACH, FL 33417 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5319 BELLEVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33417

U.S.A.

03242007

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-2296154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEEF, SEYMOUR
3296 AVIGNON COURT
WEST PALM BEACH, FL 33417

Name BUSBY, DANIEL W.

Street Address (P.O. Box Number is Not Acceptable)

5319 BELLEVILLE ROAD

City WEST PALM BEACH

FL

Zip Code

33417

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

DANIEL W. BUSBY, TREASURER

Daniel W. Busby

3-31-7

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consenting)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME SOHNEIDER, GERTRUDE
STREET ADDRESS 5380 BELLEVILLE ROAD
CITY-ST-ZIP WEST PALM BCH, FL

TITLE PD ☐ Change ☒ Addition
NAME FAMA, ANTHONY
STREET ADDRESS 3338 EIFFEL DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE VPD ☒ Delete
NAME LOFASO, TONY
STREET ADDRESS 5374 BELLEVILLE ROAD
CITY-ST-ZIP W. PALM BEACH, FL

TITLE VPD ☐ Change ☒ Addition
NAME GALLO, NICHOLAS
STREET ADDRESS 3188 MARIA CIRCLE
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE SD ☐ Delete
NAME FAMA, PAULA
STREET ADDRESS 3338 EIFFEL DR
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME LEEF, SEYMOUR
STREET ADDRESS 3296 AVIGNON COURT
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE TD ☐ Change ☒ Addition
NAME BUSBY, DANIEL W.
STREET ADDRESS 5319 BELLEVILLE ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: *Daniel W. Busby* DANIEL W. BUSBY

3-31-7

561-654-4519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #