

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90031 039 ****61.25

DOCUMENT # 766070

1. Entity Name

CYPRESSVIEW ONE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

P O BOX 5324
SUN CITY CENTER FL 33571-5324
US

Mailing Address

P O BOX 5324
SUN CITY CENTER FL 33571-5324
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2262425

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

LINSKY, MARK
1509 SUN CITY CENTER PLAZA
SUN CITY CENTER FL 33570

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reestablishing)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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 YOUNG, RICHARD
STREET ADDRESS 1704 AURA COURT
CITY-ST-ZIP SUN CITY CENTER FL 33573

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

TITLE VD ☐ Delete
NAME RAYMOND, JOSEPH
STREET ADDRESS 1724 ATRIUM DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☒ Change ☐ Addition
NAME **VD MARCHESE, RUSSELL**
STREET ADDRESS **1746 ATRIUM DR**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE STD ☐ Delete
NAME MOGIL, BERNARD
STREET ADDRESS 1617 COMFY COURT
CITY-ST-ZIP SUN CITY CENTER FL 33573

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

TITLE D ☐ Delete
NAME BREMNER, GEORGE
STREET ADDRESS 1704 ATRIUM DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☒ Change ☐ Addition
NAME **D DECHINE, DAVID**
STREET ADDRESS **1708 ATRIUM DR.**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE D ☐ Delete
NAME FINLEY, MARTHA
STREET ADDRESS 1605 COMFY COURT
CITY-ST-ZIP SUN CITY CENTER FL 33573

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 Section 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:

BERNARD W. MOGIL

2/9/06 (813)633-0478