

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

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



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2262425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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)

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

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

10. OFFICERS AND DIRECTORS

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

TITLE VD
NAME MARCHESI, RUSSELL
STREET ADDRESS 1746 ATRIUM DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

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

TITLE D
NAME DECHEINE, DAVID
STREET ADDRESS 1708 ATRIUM DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000634261
02/22/07-80002-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Bernard W. Mogil* **BERNARD W. MOGIL** **2/8/2007** **(813) 633-0478**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #