

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

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90017 030 ****61.25

DOCUMENT # N00000004362

1. Entity Name

CYPRESS HOLLOW HOMEOWNERS ASSOCIATION OF
PINELLAS COUNTY, INC.



Principal Place of Business

2200 CYPRESS HOLLOW COURT
SAFETY HARBOR FL 34695

Mailing Address

2519 MCMULLEN BOOTH RD.
#510-177
CLEARWATER FL 33761

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

59-3666260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DERON
2232 CYPRESS HOLLOW CT.
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

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 reinstating)

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

TITLE PD ☐ Delete
NAME THOMAS, DERON
STREET ADDRESS 2232 CYPRESS HOLLOW CT.
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE VPD ☐ Delete
NAME SACHS, HOWARD
STREET ADDRESS 2224 CYPRESS HOLLOW CT.
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE TD ☐ Delete
NAME FONTANA, ELLEN
STREET ADDRESS 2208 CYPRESS HOLLOW CT.
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE SD ☒ Delete
NAME MITCHINER, TOMMY
STREET ADDRESS 2236 CYPRESS HOLLOW CT.
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE SD ☐ Change ☒ Addition
NAME Marianne Azneer
STREET ADDRESS 2206 Cypress Hollow Ct
CITY-ST-ZIP Safety Harbor FL 34695

TITLE ☐ Change ☐ Addition
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: *Deron Thomas* as President

2/26/2006

727-204-0201