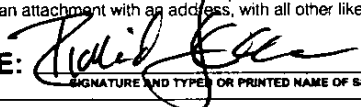


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90011 046 ****61.25

DOCUMENT # N00000007949 1. Entity Name CYPRESS LAKES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1750 W BROADWAY ST 118 OVIEDO, FL 32765			Mailing Address 1750 W BROADWAY ST 118 OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 65-1133831
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, KEVIN 1750 W BROADWAY ST 118 OVIEDO, FL 32765				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.				DATE <u>3/20/07</u> (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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERMAN, RICHARD 1750 W BROADWAY ST, #118 OVIEDO, FL 32765		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOSOY, BRIAN D ONE NORH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COSTELLO, VINCENT ONE NORH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <u>3/20/07</u> DAYTIME PHONE # <u>40042355</u>	