


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90047 046 \*\*\*\*61.25

<b>DOCUMENT # N01000002522</b>			
1. Entity Name CYPRESS LAKES PRESERVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 9350 SUNSET DRIVE SUITE 100 MIAMI, FL 33173		Mailing Address 901 NORTHPOINT PKWY. 108 WEST PALM BEACH, FL 33407	
2. Principal Place of Business <i>901 Northpoint Pkwy.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 108</i>		Suite, Apt. #, etc.	
City & State <i>West Palm Beach, FL</i>		City & State	
Zip <i>33407</i>	Country <i>US</i>	Zip	Country
4. FEI Number 06-1693804		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		7. Name and Address of New Registered Agent	
VAINDER, STEVEN J 200 S. BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131		Name SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable) <i>201 Alhambra Circle, Ste. 1102</i> City <i>Coral Gables</i> FL Zip Code <i>33134</i>	
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 SKRLD, Inc. by <i>Lisa A. Lerner</i>		DATE Lisa A. Lerner, Secretary 3/17/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD EISENACHER, HAROLD L 9350 SUNSET DRIVE, SUITE 100 MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUFF, KATHLEEN 10248 CYPRESS LAKES PRESERVE DRIVE LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IBARRIA, DIANA 9350 SUNSET DRIVE, SUITE 100 MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEON, BALDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEBBER, DAVID 1860 OLD OKEECHOBEE ROAD, SUITE 503 W. PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD LEON, BALDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNES, RUSSELL 1860 OLD OKEECHOBEE ROAD, SUITE 503 W. PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>T PIETREBONDI, JOSEPH 10408 CYPRESS LAKES PRESERVE DRIVE LAKE WORTH, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD McGraw 10679 Cypress Lakes Preserve Drive Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Kathleen B. Huff</i>		Date <i>2/28/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	