


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90187 032 ****61.25

DOCUMENT # N0100002522			
1. Entity Name CYPRESS LAKES PRESERVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 901 NORTHPOINT PKWY SUITE 108 WEST PALM BEACH, FL 33407		Mailing Address 901 NORTHPOINT PKWY. 108 WEST PALM BEACH, FL 33407	
2. Principal Place of Business <i>10155 CYPRESS LAKES PRESERVE DR.</i>		3. Mailing Address <i>C/O CMC MANAGEMENT</i>	
Suite, Apt. #, etc. <i>Dr.</i>		Suite, Apt. #, etc. <i>2994 JOD RD., SUITE B</i>	
City & State <i>LAKE WORTH, FL</i>		City & State <i>GREENACRES, FL</i>	
Zip <i>33467</i>		Country	
Country		Zip <i>33467</i>	
Country		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	
SKRLD, INC 201 ALHAMBRA CIRCLE, STE 1102 MIAMI, FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		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 HUFF, KATHLEEN 10248 CYPRESS LAKES PASIERVE DRIVE LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT - DIRECTOR</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Richard Serrano</i> <i>10280 CYPRESS LAKES PRESERVE DR</i> <i>LAKE WORTH, FL 33467</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MCGAY, MANIYA 10679 CYPRESS LAKES PRESERVE DRIVE LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice-PRESIDENT - DIRECTOR</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Richard Varriale</i> <i>10663 CYPRESS LAKES PRESERVE DR.</i> <i>LAKE WORTH, FL 33467</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Sec-Treasurer - Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Adam Treschmann</i> <i>10576 CYPRESS LAKES PRESERVE DR</i> <i>LAKE WORTH, FL 33467</i>
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
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
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 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: <i>Richard Serrano</i>		Date: <i>4-19-2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	