


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90079 020 ****61.25

DOCUMENT # N01000002522

1. Entity Name
CYPRESS LAKES PRESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
10145 CYPRESS LAKE PARADISE DR., LAKE WORTH, FL 33467

Mailing Address
**C/O CME MANAGEMENT
 2994 JOE RD. SUITE B
 LAKE WORTH, FL 33467**

2. Principal Place of Business - No P.O. Box #
10145 Cypress Lake

3. Mailing Address
C/O CME Management

Suite, Apt. #, etc.
Preserve Dr. Suite, Apt. #, etc.
2950 Jog Rd

City & State
Lake worth, FL City & State
Lake worth FL

Zip Country
33467 Country
33467 Palm Beach

4001000



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
06-1693804

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SKRLD, INC
 201 ALHAMBRA CIRCLE, STE 1102
 MIAMI, FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SERRANO, RICHARD 10320 CYPRESS LAKES PARADISE DR. VIRGINIA BEACH, VA 23467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VARRINALE, RICHARD 10663 CYPRESS LAKES PARADISE DR. LAKE WORTH, FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRIESCHMANN, ADAM 10576 CYPRESS LAKES PARADISE DR. LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Varrinale, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10663 Cypress Lakes Preserve Dr Lake worth FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Craig, Laurel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10600 Cypress Lakes Preserve Dr Lake worth FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Rudy, James <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10352 Cypress Lakes Preserve Dr Lake worth FL 33467
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"/> 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: _____ Date **2/6/07** Daytime Phone # **561 255-7704**