

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90028 013 \*\*\*\*61.25

**DOCUMENT # N0100002522**  
 1. Entity Name  
 CYPRESS LAKES PRESERVE HOMEOWNERS ASSOCIATION, INC.



40040214



Principal Place of Business: 10145 CYPRESS LAKE PRESERVE DR., LAKE WORTH, FL 33467  
 Mailing Address: C/O CMC MANAGEMENT, 2950 JOG RD, LAKE WORTH, FL 33467

2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01082008 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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	VP	<input checked="" type="checkbox"/> Delete
NAME	LAUREL, CRAIG	
STREET ADDRESS	10600 CYPRESS LAKES PRESERVE DR	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VARRINALE, RICHARD	
STREET ADDRESS	10663 CYPRESS LAKES PARADISE DR.	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RUDY, JAMES	
STREET ADDRESS	10352 CYPRESS LAKES PRESERVE DR.	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUREL CRAIG	
STREET ADDRESS	10600 CYPRESS LAKES PRESERVE DR	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM RUCKI	
STREET ADDRESS	10352 CYPRESS LAKES PRESERVE DR	
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEEL JAKO	
STREET ADDRESS	10335 CYPRESS LAKES PRESERVE DR	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Laurel Craig LAUREL CRAIG Date: 3/5/08 Daytime Phone # \_\_\_\_\_