

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002522

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: CYPRESS LAKES PRESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10145 CYPRESS LAKE PRESERVE DR..  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CMC MANAGEMENT  
2950 JOG RD  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 06-1693804      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BECKER & POLIAKOFF P.A.  
625 N. FLAGLER DRIVE  
7TH FLOOR  
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: DAVID KARPINIA      03/13/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LAURD, CRAIG  
Address: 10600 CYPRESS LAKES PRESERVE DR  
City-St-Zip: HAMILTON, NY 13346

Title: VP      ( ) Delete  
Name: RUDY, JIM  
Address: 10352 CYPRESS LAKES PRESERVE DR  
City-St-Zip: HAMILTON, NY 13346

Title: ST      ( ) Delete  
Name: JAKO, TED  
Address: 10335 CYPRESS LAKES PRESERVE DR  
City-St-Zip: HAMILTON, NY 13346

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: LAUREL, CRAIG  
Address: 10600 CYPRESS LAKES PRESERVE DR  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP      (X) Change ( ) Addition  
Name: RUDY, JIM  
Address: 10352 CYPRESS LAKES PRESERVE DR  
City-St-Zip: LAKE WORTH, FL 33467

Title: ST      (X) Change ( ) Addition  
Name: JAKO, TED  
Address: 10335 CYPRESS LAKES PRESERVE DR  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL CRAIG      P      03/13/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date