

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 07 1997 8:00am
Secretary of State

DOCUMENT # N03809 (3)

1. Corporation Name

CYPRESS LAKE ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**13260 Broadhurst Loop
Fort Myers, FL 33919**

**c/o Benson's, Inc.
12650 Whitehall Drive
Fort Myers, FL 33907**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
06/20/1984

3a. Date of Last Report

4. FEI Number

59-2891806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Benson, Mark R.
12650 Whitehall Drive
Fort Myers, FL 33907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D** ☐ DELETE
NAME **Saverd, Susan**
STREET ADDRESS **3949 S.E. 9th Court**
CITY-ST-ZIP **Cape Coral, FL 33904**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V/D** ☐ DELETE
NAME **Bowman, Steve**
STREET ADDRESS **8382 South Haven Lane**
CITY-ST-ZIP **Fort Myers, FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S/T/D** ☐ DELETE
NAME **Mountjoy, Luther**
STREET ADDRESS **13401 Fox Chapel Court**
CITY-ST-ZIP **Fort Myers, FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **Crews, Deanna**
STREET ADDRESS **13317 Broadhurst Loop**
CITY-ST-ZIP **Fort Myers, FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **Tomlins, John**
STREET ADDRESS **8397 South Haven Lane**
CITY-ST-ZIP **Fort Myers, FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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14. I do 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 annual report or supplemental annual 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 12 or Block 26 if changed, or on an attachment with an address.

SIGNATURE: *Susan Saverd* **Susan Saverd 2/25/97 (941)277-0718**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)