2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# N03809

Entity Name: CYPRESS LAKE ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13260 BROADHURST LOOP
FT. MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

% BENSON'S, INC.
12650 WHITEHALL DRIVE
FT. MYERS, FL 33907 US

New Mailing Address:

FEI Number: 59-2891806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENSON, MARK R.
BENSON'S INC
12650 WHITEHALL DRIVE
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LERNER, LAUREEANN
Address: 13400 FOX CHAPEL CT
City-St-Zip: FORT MYERS, FL 33919

Title: VD ( ) Delete
Name: GALANTE, ALICIA
Address: 13317 BROADHURST LOOP
City-St-Zip: FORT MYERS, FL 33919

Title: TD ( ) Delete
Name: BOWMAN, STEVEN
Address: 8382 SOUTH HAVEN LN
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: WIGLE, VICTORIA
Address: 8407 SOUTH HAVEN LN
City-St-Zip: FORT MYERS, FL 33939

Title: SD ( ) Delete
Name: CHRISMAN, BRENDA
Address: 13393 FOX CHAPEL CT #08C
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: GALANTE, ALICIA
Address: 13317 BROADHURST LOOP
City-St-Zip: FORT MYERS, FL 33919

Title: VD (X) Change ( ) Addition
Name: FIKE, BARRY L
Address: 13230 BROADHURST LOOP
City-St-Zip: FORT MYERS, FL 33919

Title: SD (X) Change ( ) Addition
Name: WIGLE, VICTORIA
Address: 8407 SOUTH HAVEN LN
City-St-Zip: FORT MYERS, FL 33939

Title: D (X) Change ( ) Addition
Name: CHRISMAN, BRENDA
Address: 13393 FOX CHAPEL CT #08C
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAUREEANN LERNER PRES 01/09/2004
Electronic Signature of Signing Officer or Director — Date