

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03809

FILED
Apr 11, 2012
Secretary of State

Entity Name: CYPRESS LAKE ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND ROAD 8D
CAPE CORAL, FL 33909 US

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P.O. BOX 1848
FORT MYERS, FL 33902 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:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND ROAD
8D
CAPE CORAL, FL 33909 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: MICHELLE COLLINS

04/11/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: BUFFUM, SHAWN
Address: 13393 FOX CHAPEL CT
City-St-Zip: FORT MYERS, FL 33919

Title: PD
Name: SUDOLL, SUSAN
Address: 8380 SOUTH HAVEN LN
City-St-Zip: FORT MYERS, FL 33919

Title: TD
Name: DEMING, DEBRA
Address: 13215 BROADHURST LP
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE COLLINS

CAM

04/11/2012

Electronic Signature of Signing Officer or Director

Date