

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90524 009 ****70.00

DOCUMENT # N04000007839 1. Entity Name CYPRESSWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.					
Principal Place of Business 3300 UNIVERSITY DR. CORAL SPRINGS, FL 33065			Mailing Address 3300 UNIVERSITY DR. CORAL SPRINGS, FL 33065		
2. Principal Place of Business 11500 Old Tampa Bay Dr		3. Mailing Address 11500 Old Tampa Bay Dr			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State San Antonio, FL		City & State San Antonio, FL		4. FEI Number 20-2614792	
Zip 33576		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMON, ERIC A 6363 N.W. 6TH WAY, STE. 250 FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Jonnie R Tyler Street Address (P.O. Box Number is Not Acceptable) 11500 Old Tampa Bay Dr City San Antonio FL Zip 33576		
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 _____ 44-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents are required when re-registering.) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
			PD Kreiff, Robert 3300 University dr., Suite 100 Coral Springs, FL 33065		
			VD Arcaro, Lauren 3300 University Dr., Suite 100 Coral Springs, FL 33065		
			D Leikert, Paul 3300 University Dr., Suite 100 Coral Springs, FL 33065		
12. I 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 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, or on an other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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