

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000010249

1. Entity Name
CYPRESS CREEK OF WALTON OWNER'S
ASSOCIATION, INC.



Principal Place of Business

151 REGIONS WAY SUITE 1-C
DESTIN, FL 32541

Mailing Address

151 REGIONS WAY SUITE 1-C
DESTIN, FL 32541



01032008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

20-3613582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLEAT, DAVID B
4477 LEGENDARY DR SUITE 202
DESTIN, FL 32541

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HEWITT, MICHAEL B
STREET ADDRESS 151 REGIONS WAY SUITE 1-C
CITY-ST-ZIP DESTIN, FL 32541

TITLE V
NAME LEWIS, K SCOTT
STREET ADDRESS 4807 BONAIRE CAY
CITY-ST-ZIP DESTIN, FL 32541

TITLE ST
NAME GAMBARELLA, LOVENICE J
STREET ADDRESS 205 CHOCTAW DR
CITY-ST-ZIP HOUMA, LA 70360

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Hewitt

1-25-08 850-699-3063

Date

Daytime Phone #