

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90034 041 \*\*\*\*61.25

**DOCUMENT # N05419**

1. Entity Name

CYPRESS LAKES HOMEOWNERS ASSOCIATION 8, INC.



Principal Place of Business

3758 DA VINCI CIRCLE  
W.PALM BCH. FL 33417

Mailing Address

3758 DA VINCI CIRCLE  
W.PALM BCH. FL 33417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0018331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DREISS, RUTH  
3758 DA VINCI CIRCLE  
WEST PALM BEACH FL 33417

Name

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

City

FL

Zip Code

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

**FILE NOW: 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 SD ☐ Delete  
NAME NEWMAN, JOEL  
STREET ADDRESS 3779 DAVING CIR.  
CITY-ST-ZIP WEST PALM BEACH FL 33419

TITLE ☒ Change ☐ Addition  
NAME 3779 DA VINCI CIRCLE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME DREISS, RUTH  
STREET ADDRESS 3758 DA VINCI CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME MARINUZZI, LORRAINE  
STREET ADDRESS 3798 ROWENA CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME STARR, JOAN M  
STREET ADDRESS 3815 ROWENA CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE VD ☒ Change ☐ Addition  
NAME PLATTI, WILLIAM  
STREET ADDRESS 3794 DA VINCI CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE D ☐ Delete  
NAME WEBER, SYLVIA  
STREET ADDRESS 3826 ROWENA CIRCLE  
CITY-ST-ZIP WPB FL 33417

TITLE D ☐ Change ☐ Addition  
NAME TREPANIER, ROBERT  
STREET ADDRESS 3850 ROWENA CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE D ☐ Delete  
NAME BOISVERT, ANNETTE  
STREET ADDRESS 3814 DA VINCI CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Ruth Dreiss* RUTH DREISS Treasurer 1/22/05 561-712-0784  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #