


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90248 019 \*\*\*\*61.25

|  |                           |  |  |   |  |
|--|---------------------------|--|--|---|--|
| <b>DOCUMENT # N05419</b>   |                           |  |  |                |  |
| 1. Entity Name<br>CYPRESS LAKES HOMEOWNERS ASSOCIATION 8, INC.   |                           |  |  |   |  |
| Principal Place of Business<br>3758 DA VINCI CIRCLE<br>W.PALM BCH., FL 33417   |                           |  | Mailing Address<br>3758 DA VINCI CIRCLE<br>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<br>65-0018331   |  |
|  |                           |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|  |                           |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |                           |  | 7. Name and Address of New Registered Agent                      |   |  |
| DREISS, RUTH<br>3758 DA VINCI CIRCLE<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                           |  |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>  |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
|  |                           |  |  | <b>Make check payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10            |   |  |
| TITLE  | SD                        | <input type="checkbox"/> Delete  | TITLE  | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | NEWMAN, JOEL              |  | NAME   | DAVID POMERANTZ   |  |
| STREET ADDRESS   | 3779 DAVINCI CIRCLE       |  | STREET ADDRESS   | 3770 DA VINCI CIRCLE  |  |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33417 |  | CITY-ST-ZIP  | WEST PALM BEACH, FL 33417   |  |
| TITLE  | RD                        | <input type="checkbox"/> Delete  | TITLE  | D   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | DREISS, RUTH              |  | NAME   | ROBERT TREPANIER  | <input checked="" type="checkbox"/> DELETE                                   |
| STREET ADDRESS   | 3758 DA VINCI CIRCLE      |  | STREET ADDRESS   | 3850 ROWENA CIRCLE  |  |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33417 |  | CITY-ST-ZIP  | WEST PALM BEACH, FL 33417   |  |
| TITLE  | PD                        | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | MARINUZZI, LORRAINE       |  | NAME   |   |  |
| STREET ADDRESS   | 3798 ROWENA CIRCLE        |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33417 |  | CITY-ST-ZIP  |   |  |
| TITLE  | VD                        | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | PLATTI, WILLIAM           |  | NAME   |   |  |
| STREET ADDRESS   | 3794 DAVINCI CIRCLE       |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33417 |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                         | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | WEBER, SYLVIA             |  | NAME   |   |  |
| STREET ADDRESS   | 3826 ROWENA CIRCLE        |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WPB, FL 33417             |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                         | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | BOISVERT, ANNETTE         |  | NAME   |   |  |
| STREET ADDRESS   | 3814 DA VINCI CIRCLE      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33417 |  | CITY-ST-ZIP  |   |  |
| 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: <u>Ruth Dreiss Treas. RUTH DREISS</u>   |                           | Date: <u>1/10/06</u>   |  | Daytime Phone: <u>561-712-0784</u>  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                           |  |  |   |  |



01052006 Chg-NP CR2E037 (11/05)