

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90051 019 \*\*\*\*80.00

**DOCUMENT # N08787**

1. Entity Name  
CYPRESS CREEK MOBILE HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business  
P.O. BOX 1681  
LEESBURG, FL 34748

Mailing Address  
P.O. BOX 1681  
LEESBURG, FL 34748

**60002158**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

COLLING, LEE JAY  
682 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

TITLE P ☒ Delete  
NAME JONES, PRESTON  
STREET ADDRESS 28944 HUBBARD ST #49  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE V ☒ Delete  
NAME TAYLOR, DONALD  
STREET ADDRESS 28944 HUBBARD ST #27  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE SD ☐ Delete  
NAME AMANA, ANITA  
STREET ADDRESS 28944 HUBBARD ST., #110  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE TD ☒ Delete  
NAME ARBASAK, RICH  
STREET ADDRESS 28944 HUBBARD ST #96  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D ☒ Delete  
NAME EASY, ELISIL  
STREET ADDRESS 28944 HUBBARD ST #47  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D ☒ Delete  
NAME FOREST, CASE  
STREET ADDRESS 28944 HUBBARD ST #7  
CITY-ST-ZIP LEESBURG, FL 34748

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME TAYLOR, DONALD  
STREET ADDRESS 28944 HUBBARD ST, #27  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE V ☐ Change ☒ Addition  
NAME ELD, JERRY  
STREET ADDRESS 28944 HUBBARD ST, #102  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE SD ☐ Change ☐ Addition  
NAME STAMAND, ANITA

TITLE TD ☐ Change ☒ Addition  
NAME WIGGINS, ROBERT  
STREET ADDRESS 28944 HUBBARD ST, #33  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D ☐ Change ☒ Addition  
NAME GILLEN, BOB  
STREET ADDRESS 28944 HUBBARD ST, #31  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D ☐ Change ☒ Addition  
NAME GONZALEZ, VICTOR  
STREET ADDRESS 28944 HUBBARD ST, #111  
CITY-ST-ZIP LEESBURG, FL 34748

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:**

ROBERT R WIGGINS *Robert R Wiggins*

1-11-07

(852)323-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #