

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90021 028 ****61.25

00045523



DOCUMENT # N17208 1. Entity Name CYPRESS SPRINGS OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O KL MANAGEMENT GROUP, INC. 1360 N. GOLDENROD RD, STE 12 ORLANDO, FL 32807			Mailing Address C/O KL MANAGEMENT GROUP, INC. 1360 N. GOLDENROD RD, STE 12 ORLANDO, FL 32807		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2762596	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KL MANAGEMENT GROUP, INC. 1360 NORTH GOLDENROD ROAD SUITE 12 ORLANDO, FL 32807				7. Name and Address of New Registered Agent Name Keith R. Kiebzak Street Address (P.O. Box Number is Not Acceptable) C/O KL Management Group, INC. 1360 N. Goldenrod Rd 12 City Orlando FL Zip Code 32807	
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 Keith R. Kiebzak 4/30/08 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	
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	PD CONWAY, MICHAEL 1870 BRANCHWATER TRAIL ORLANDO, FL 32825	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Conway, Michael 1360 N. Goldenrod Rd 12 Orlando FL 32807
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYONS, JACK 100 EAST SYBELIA AVE SUITE 130 MAITLAND, FL 32751	☒ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIEBZAK, KEITH 1837 BLUE CT ORLANDO, FL 32825	☐ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADE, JERRY 1822 BRANCHWATER TRAIL ORLANDO, FL 32825	☐ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLOTFELTY, RICHARD 1704 BRANCHWATER TRAIL ORLANDO, FL 32825	☒ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPSTEAD, DEBORAH 100 EAST SYBELIA AVE SUITE 130 MAITLAND, FL 32751	☐ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wade Jerry 1360 N. Goldenrod Rd 12 Orlando FL 32807	☒ Change ☐ Addition	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Santiago, Daniel 1360 N. Goldenrod Rd 12 Orlando FL 32807	☐ Change ☒ Addition	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hempstead, Deborah 1360 N. Goldenrod Rd 12 Orlando FL 32807	☒ Change ☐ Addition	
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: 4/30/08 407/482-2622 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

2008

60043523

N17208

Document - N 17208

Cypress Springs Owners Association, Inc.

D

☒ Addition

Scott, William

1360 N. Goldenrod Rd 12

Orlando FL 32807

D

☒ Addition

Gadli, Cindy

1360 N. Goldenrod Rd 12

Orlando FL 32807

D

☒ Addition

Legerton, David

1360 N. Goldenrod Rd 12

Orlando FL 32807