

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 15 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21922 (2)

1. Corporation Name

CYPRESS LAKES ESTATES HOMEOWNERS ASSOCIATION, IN
C.

Principal Place of Business

2997 POST ROCK COURT
TARPON SPRINGS FL 34689

Mailing Address

~~26181 EAST LAKE RD.~~
~~STE. #181~~
~~PALM HARBOR FL 34883~~
US

P.O. Box 2663
Tarpon Springs, FL
34689-2663

3. Date Incorporated or Qualified
08/06/1987

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2895146

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, RAY
2997 POST ROCK COURT
TARPON SPRINGS FL 34689

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
RODRIGUEZ, RAY
2997 POST ROCK CT
TARPON SPRINGS FL 34689

☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD
DAVID O. PIELAK DKS
2982 CYPRESS PNT. CT.
TARPON SPRINGS, FL 34689

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
LO, JIM
2966 POST ROCK CT
TARPON SPRINGS FL 34689

☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VP
CHARLES MURPHY
2887 POST ROCK DR.
TARPON SPRINGS, FL 34689

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
O'CONNOR, TOM
2878 POST ROCK DR
TARPON SPRINGS FL 34689

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Lynn Queenan
2985 POST ROCK CT. (Secretary)
TARPON SPRINGS, FL 34689

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
TIDWELL, ED
2863 POST ROCK COURT
TARPON SPRINGS FL 34689

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3000020092845
-11/20/96-01017-010
*****61.25 *****61.25

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
RODRIGUEZ, HENRY
862 CYPRESS LAKES BLVD.
TARPON SPRINGS FL 34689

☒ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
HARRINGTON, GEORGE
855 CYPRESS LAKES COURT
TARPON SPRINGS FL 34689

☒ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition
A. Allen
11-15-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)