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Feb 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N21922** (2)

1. Corporation Name

CYPRESS LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**2997 POST ROCK COURT
TARPON SPRINGS FL 34689**

Mailing Address

**P.O. BOX 2663
TARPON SPRINGS FL 34688-2663
US**

3. Date Incorporated or Qualified
08/06/1987

3a. Date of Last Report
11/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

4. FEI Number

59-2895146

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

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 **PD** ☐ DELETE

NAME **PIELAK, DAVID C**
STREET ADDRESS **2982 CYPRESS PNT. CT.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VP** ☐ DELETE

NAME **MURPHY, CHARLES**
STREET ADDRESS **2887 POST ROCK DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VD** ☐ DELETE

NAME **O'CONNOR, TOM**
STREET ADDRESS **2878 POST ROCK DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ DELETE

NAME **TIDWELL, ED**
STREET ADDRESS **2883 POST ROCK COURT Drive**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **S/Treasurer** ☐ DELETE

NAME **QUEENAN, LYNN**
STREET ADDRESS **2985 POST ROCK CT.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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: *Lynn A. Queenan, Treasurer*

2-12-97

CR2E037 (9/96)