

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED.

01 JUN -4 PM 2:37

DOCUMENT # N21922

1. Corporation Name
CYPRESS LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2997 POST ROCK COURT
TARPON SPRINGS FL 34689

P.O. BOX 2663
TARPON SPRINGS FL 34689
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/06/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2895146	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PIELAK, DAVID C	2902 CYPRESS PNT. CT.	TARPON SPRINGS FL 34689
PD	Rodriguez, Ray	2997 Post Rock Ct.	
VP	MURPHY, CHARLES	2887 POST ROCK DRIVE	TARPON SPRINGS FL 34689
VD	Ropes, Alan	715 Cypress Lakes Blvd.	
VD	O'CONNOR, TOM	2878 POST ROCK DRIVE	TARPON SPRINGS FL 34689
SD	Papadakis, Sandra	2963 Post Rock Ct.	
VD	TIDWELL, ED	2863 POST ROCK DRIVE	TARPON SPRINGS FL 34689
ST	QUEENAN, LYNN	2905 POST ROCK CT.	TARPON SPRINGS FL 34689
TD	Cooper, Lori	884 Cypress LKS Blvd.	
D	Thompson, Dave	938 Cypress LKS Blvd	Tarpon Springs, FL 34689

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RODRIGUEZ, RAY 2997 POST ROCK COURT TARPON SPRINGS FL 34689		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		000004488770--1 -07/23/01--01003--009 ****358 75 ****358 75 State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date **5/31/01** *[Signature]*

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **5/31/01** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)

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FOR
REINSTATEMENT



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59-2895146

Applied

Not App

City & State

City & State

Zip

Country

Zip

Country

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1	2	3	4
PD	PIELAK, DAVID C	2902 CYPRESS PNT. CT.	TARPON SPRINGS FL 34689
D	Hand, Amy	994 Cypress Lakes Blvd.	
VP	MURPHY, CHARLES	2887 POST ROCK DRIVE	TARPON SPRINGS FL 34689
D	Moores, Blake	840 Cypress Lakes Blvd.	
YO	O'CONNOR, TOM	2078 POST ROCK DRIVE	TARPON SPRINGS FL 34689
D	Christiansen, Blake		
D	TIDWELL, ED	2800 POST ROCK DRIVE	TARPON SPRINGS FL
D	Christiansen, Bruce	794 Cypress Lakes Blvd.	
GT	QUEENAN, LYNN	2085 POST ROCK CT.	TARPON SPRINGS FL

8. Name and Address of Current Registered Agent

RODRIGUEZ, RAY
2997 POST ROCK COURT
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *5/31/01*

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SIGNATURE:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/01 727-943-9442
Date Daytime Phone #