


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90263 043 ****61.25

DOCUMENT # N21922 1. Entity 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 34689 US	
2. Principal Place of Business <i>884 Cypress Lakes Blvd.</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 2663</i> Suite, Apt. #, etc.	
City & State <i>Tarpon Springs, FL</i> Zip <i>34688</i>		City & State <i>Tarpon Springs FL</i> Zip <i>34689</i>	
Country <i>Pinellas</i>		Country <i>Pinellas</i>	
4. FEI Number 59-2895146		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, RAY 2997 POST ROCK COURT TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name <i>Lori Cooper</i> Street Address (P.O. Box Number is Not Acceptable) <i>884 Cypress Lakes Blvd.</i> <i>Tarpon Springs</i> City <i>Tarpon Springs, FL</i> Zip Code <i>34688</i>	
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 <i>Lori Cooper</i> <i>Lori Cooper Treasurer Director 4/25/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 RODRIGUEZ, RAY 2997 POST ROCK CT. TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROPES, ALAN 715 CYPRESS LAKES BLVD TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAPADAKIS, SANDRA 2963 POST ROCK DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD, VP TIDWELL, ED 2863 POST ROCK DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOPER, LORI 884 CYPRESS LAKES BLVD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, DAVE 938 CYPRESS LAKES BLVD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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 <i>Ed Tidwell</i> <i>Ed Tidwell VP 4/25/04 727-943-9447</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			