
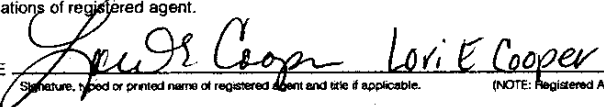



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90101 045 \*\*\*\*61.25

|   |                                    |  |  |   |   |
|---|------------------------------------|--|--|---|---|
| <b>DOCUMENT # N21922</b><br>1. Entity Name<br>CYPRESS LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.  |                                    |  |  |                |   |
| Principal Place of Business<br>884 CYPRESS LAKES BLVD.<br>TARPON SPRINGS, FL 34688  |                                    |  | Mailing Address<br>P.O. BOX 2663<br>TARPON SPRINGS, FL 34689 US                                      |   |   |
| 2. Principal Place of Business  |                                    | 3. Mailing Address   |  |   |   |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.  |  |   |   |
| City & State  |                                    | City & State   |  |   |   |
| Zip   | Country                            | Zip  | Country  | 4. FEI Number<br>59-2895146   |   |
|   |                                    |  |  | Applied For<br>Not Applicable   |   |
|   |                                    |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| 6. Name and Address of Current Registered Agent   |                                    |  | 7. Name and Address of New Registered Agent  |   |   |
| COOPER, LORI<br>884 CYPRESS LAKE BLVD.<br>TARPON SPRINGS, FL 34688  |                                    |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                    |   |   |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                    |  | DATE <u>4-2-05</u><br><small>(NOTE: Registered Agent signature required when re-registering)</small> |   |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |
|   |                                    | <b>Make check payable to Florida Department of State</b>                         |  |   |   |
| 10. OFFICERS AND DIRECTORS  |                                    |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |   |
| TITLE   | SD                                 | <input checked="" type="checkbox"/> Delete                                       | TITLE  | SD  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | PAPADAKIS, SANDRA                  |  | NAME   | Pamela Ketch  |   |
| STREET ADDRESS  | 2863 POST ROCK DRIVE               |  | STREET ADDRESS   | 715 Cypress Lakes Blvd.   |   |
| CITY-ST-ZIP   | TARPON SPRINGS, FL 34689           |  | CITY-ST-ZIP  | Tarpon Springs, FL 34688  |   |
| TITLE   | VD                                 | <input checked="" type="checkbox"/> Delete                                       | TITLE  | President   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME  | TIDWELL, ED                        |  | NAME   | Scott Papes   |   |
| STREET ADDRESS  | 2863 POST ROCK DRIVE               |  | STREET ADDRESS   | 2973 Cypress Pointe Ct.   |   |
| CITY-ST-ZIP   | TARPON SPRINGS, FL 34689           |  | CITY-ST-ZIP  | Tarpon Springs, FL 34688  |   |
| TITLE   | TD                                 | <input type="checkbox"/> Delete  | TITLE  | TD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | COOPER, LORI                       |  | NAME   | Lori Cooper   |   |
| STREET ADDRESS  | 884 CYPRESS LAKES BLVD             |  | STREET ADDRESS   | 884 Cypress Lakes Blvd  |   |
| CITY-ST-ZIP   | TARPON SPRINGS, FL 34689           |  | CITY-ST-ZIP  | Tarpon Springs, FL 34688  |   |
| TITLE   | D                                  | <input type="checkbox"/> Delete  | TITLE  | D, VP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | THOMPSON, DAVE                     |  | NAME   | Dave Thompson   |   |
| STREET ADDRESS  | 938 CYPRESS LAKES BLVD             |  | STREET ADDRESS   | 938 Cypress Lakes Blvd.   |   |
| CITY-ST-ZIP   | TARPON SPRINGS, FL 34688           |  | CITY-ST-ZIP  | Tarpon Springs, FL 34688  |   |
| TITLE   |                                    | <input type="checkbox"/> Delete  | TITLE  | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME  |                                    |  | NAME   | AMY HAND  |   |
| STREET ADDRESS  |                                    |  | STREET ADDRESS   | 884 CYPRESS LAKES BLVD  |   |
| CITY-ST-ZIP   |                                    |  | CITY-ST-ZIP  | TARPON SPRINGS FL 34688   |   |
| TITLE   | <del>MAX STROMMELD</del>           | <input type="checkbox"/> Delete  | TITLE  | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME  | <del>MAX STROMMELD</del>           |  | NAME   | GAIL CHRISTIANSEN   |   |
| STREET ADDRESS  | <del>TARPON SPRINGS FL 34688</del> |  | STREET ADDRESS   | 764 CYPRESS LAKES BLVD  |   |
| CITY-ST-ZIP   | <del>TARPON SPRINGS FL 34688</del> |  | CITY-ST-ZIP  | TARPON SPRINGS FL 34688   |   |
| 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. |                                    |  |  |   |   |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                    |  | Date <u>3/17/05</u> Daytime Phone # <u>727 481-5070</u>  |   |   |