2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N21922

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

Principal Place of Business	Mailing Address
884 CYPRESS LAKES BLVD. TARPON SPRINGS, FL 34688	P.O. BOX 2663 TARPON SPRINGS, FL 34689 US

01132006 No Chg-NP CRZE037 (11/05)

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4. FEI Number
59-2895146
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, LORI
884 CYPRESS LAKE BLVD.
TARPON SPRINGS, FL 34688

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	KELSCH, PAMELA
STREET ADDRESS	715 CYPRESS LAKES BLVD.
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	P
NAME	PAPES, SCOTT
STREET ADDRESS	2973 CYPRESS POINTE CT
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	TD
NAME	COOPER, LORI
STREET ADDRESS	884 CYPRESS LAKES BLVD
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	DV
NAME	THOMPSON, DAVE
STREET ADDRESS	938 CYPRESS LAKES BLVD
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	D
NAME	HAND, AMY
STREET ADDRESS	994 CYPRESS LAKES BLVD
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	D
NAME	CHRISTIANSEN, GAIL
STREET ADDRESS	764 CYPRESS LAKES BLVD.
CITY-ST-ZIP	TARPON SPRINGS, FL 34688

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04/29/06-80178-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Judith L Cooper 1/15/06 727-934-8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #