

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21922

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** CYPRESS LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

884 CYPRESS LAKES BLVD.  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2663  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

**FEI Number:** 59-2895146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: KELSCH, PAMELA  
Address: 715 CYPRESS LAKES BLVD.  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: P  
Name: PAPES, SCOTT  
Address: 2973 CYPRESS POINTE CT  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD  
Name: COOPER, LORI  
Address: 884 CYPRESS LAKES BLVD  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D  
Name: HAND, AMY  
Address: 994 CYPRESS LAKES BLVD  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D  
Name: CHRISTIANSEN, GAIL  
Address: 764 CYPRESS LAKES BLVD.  
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LORI COOPER

TR

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date