


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90076 026 \*\*\*\*61.25

<b>DOCUMENT # N22254</b> 1. Entity Name <b>CYPRESS RUN VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>13214 MOLITOR COURT HUDSON FL 34669 US</b>			Mailing Address <b>13214 MOLITOR COURT HUDSON FL 34669 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>REICHHOLD, CLIFFORD 13214 MOLITOR COURT HUDSON FL 34669</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make Check Payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIETINGER, RAYMOND		NAME		
STREET ADDRESS	13212 MOLITOR CT		STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34669		CITY-ST-ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, TED		NAME		
STREET ADDRESS	13211 MOLITOR CT		STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34669		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REICHHOLD, CLIFFORD		NAME		
STREET ADDRESS	13214 MOLITOR COURT		STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34669		CITY-ST-ZIP		
TITLE	S		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, BARBARA		NAME	S	
STREET ADDRESS	13220 MOLITOR COURT		STREET ADDRESS	BUCHER, BERNICE	
CITY-ST-ZIP	HUDSON FL 34669		CITY-ST-ZIP	13232 MOLITOR CT	
TITLE	VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICK, WILLIAM		NAME		
STREET ADDRESS	13223 MOLITOR CT		STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34669		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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> <u>Clifford E. Reichhold</u> <b>TREASURER</b> <b>CLIFFORD E. REICHHOLD 2-17-05 727-856-4419</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2891651** ☐ Applied For ☐ Not Applicable

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