


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-08-2007 90035 039 ****61.25

| | | | |
|---|------------------------------|--|---------|
| DOCUMENT # N24189 | |  | |
| 1. Entity Name CYPRESS ISLAND PROPERTY OWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business SEACREST SRVS., INC 2400 CENTRE PRK W DR 175 WEST PALM BEACH, FL 33409 US | | Mailing Address SEACREST SRVS., INC 2400 CENTRE PRK W DR 175 WEST PALM BEACH, FL 33409 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0049236 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PINCHEON, BRUCE 14402 CYPRESS ISLAND CIR PALM BEACH GARDENS, FL 33410 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small> DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | | | |
| TITLE | PD | <input type="checkbox"/> Delete | |
| NAME | PINCHEON, BRUCE | | |
| STREET ADDRESS | 14402 CYPRESS ISLAND CIRCLE | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | | |
| TITLE | VD | <input type="checkbox"/> Delete | |
| NAME | BLECKMANN, RON | | |
| STREET ADDRESS | 14394 CYPRESS ISLAND CIRCLE | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | | |
| TITLE | ST | <input type="checkbox"/> Delete | |
| NAME | ROBERTS, BARRY | | |
| STREET ADDRESS | 2870 CYPRESS ISLAND DR | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | | |
| TITLE | D | <input type="checkbox"/> Delete | |
| NAME | ALTERMAN, BARBARA | | |
| STREET ADDRESS | 14330 CYPRESS ISLAND CIRCLE | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | SECRETARY/TREASURER | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | RUSTY LASCALA | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | 2700 CYPRESS ISLAND DR | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 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: _____ | | 2/4/07 561-627.0310 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |