## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 01 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

CITY-ST-ZIP

CICNATIDE:

**DOCUMENT #**1. Corporation Name

N26107

(5)

CYPRESS LAKE AT WINSTON PARK HOMEOWNERS' ASSOCIA TION, INC. Principal Place of Business Mailing Address 1308-B NORTH SR #7 1308-B NORTH SR #7 3. Date incorporated or Qualified MARGATE FL 33083 MARGATE FL 33063 04/26/1988 4. FEI Number Applied For 65-0069703 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 包 5. Certificate of Status Desired 5000 50.00. Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 8. Election Campaign Financing \$5.00 May Be Added to Fees 22 Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No Country Country 8. This corporation owes or has paid the current year Intangible USA 8300 J 5 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name

Name	Name	Name	
Name	Name	Name	Name
Street Address (P.O. Box Number is Not Acceptable)	Name		
Toseph L. Burges 81 MANAGEMENT AND MARKETING SERVICES INC. **AGENT JOSEPH L. BURGESS** 1308-B NORTH STATE ROAD 7 nw 54 " <+r MARGATE FL 33063 COCONUT 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, i am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. TOSEDH (NOTE Register Burges 3 1/14/98 SIGNATURE title if applicab Signature, lyped or printed name 10/9/1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ICERS AND DIRECTORS 13. 12. OF DELETE Change 1.1 TITLE TITLE BRUNNER, JIM NAME 1.2 NAME 5520 NW 50 WAY STREET ADDRESS 1.3 STREET ADDRESS **COCONUT CREEK FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE HAMLIN, VAN NAME 2.2 NAME STREET ADDRESS 5050 NW 54TH STREET 2.3 STREET ADDRESS **COCONUT CREEK FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change . 31 TITLE TITLE BOLDUE: TAMARA-NAME 3.2 NAME Clay Hansen STREET ADDRESS 5501 NW 55-97 3.3 STREET ADDRESS 55101 nw 49 wa **COCONUT OREEK F** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME YATES, NIGEL 4. 2 NAME 5541 NW 50TH WAY STREET ADDRESS 4.3 STREET ADORESS COCONUT CREEK FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE mario Martinez MURACA, JOSEPH NAME 5.2 NAME 5080 DW, 54 Str 5231 NW 49TH AVE STREET ADDRESS 5.3 STREET ADDRESS **GOCONUT-CREEK-FL** 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS			

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue 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 frustee empowers to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an all chiment with an address.