2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 06, 2004 08:00 AM DOCUMENT # N26107 **Secretary of State** 1. Entity Name CYPRESS LAKE AT WINSTON PARK HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 5000 NW 54TH ST COCONUT CREEK FL 33073 2085 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-0069703 Not Applicable Zìp Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAYE & ROGER, P.A. 6261 N.W. 6TH WAY, SUITE 103 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 City 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** Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required whan reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change ☐ Addition MUNOZ, RITA NAME NAME 5511 NW 50 AVE U00000078935 STREET ADDRESS STREET ADDRESS 03/08/04-80045-022 61.25 COCONUT CREEK FL 33073 CITY - ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change ☐ Addition GOODMAN, DALE NAME MALLE 4970 NW 54TH ST STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33073 City-ST-ZiP CITY - ST - ZIP BILL ☐ Defete TITLE Change Addition GRAY, LESLIE MAME NEAF 5300 NW 49TH AVE STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33073 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition AUGELLO, BRUCE NAME NAME 5051 NW 54 STREET STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33073 CITY-ST-ZIF CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change VIOLANDI, CARMEN NAME NAME 5120 NW 54 CT STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33073 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME SYRFET 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.

OF SIGNING OFFICER OR DIRECTOR