



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90003 016 ****61.25

DOCUMENT # N31690 1. Entity Name CYPRESS LAKES HOMEOWNERS' ASSOCIATION OF PASCO, INC.					
Principal Place of Business P.O. BOX 38 ELFERS FL 34680				Mailing Address P.O. BOX 38 ELFERS FL 34680	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0187677	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FANT, JOSE A 8704 CYPRESS LAKES BLVD NEW PORT RICHEY FL 34653				7. Name and Address of New Registered Agent Name Alexandra FEE Street Address (P.O. Box Number is Not Acceptable) 8507 Siamang Ct New Port Richey City New Port Richey FL 34653	
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 <u><i>Alexandra FEE</i></u> 8/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By September 3, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELLO, ANTHONY 4812 SPRING SIDE DR NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Debra Walker Secty 4648 Dumont ST New Port Richey FL 34653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FEE, ALEXANDRA 8507 SIAMANG CT NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOSE FONT - PRESIDENT 8704 Cypress Lakes Blvd New Port Richey 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PERA, MARY J 4614 DUMONT ST NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Margarita Johnson 4622 Sawgrass Blvd New Port Richey 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PAPPIATT, RONNIE 8647 KNOB HILL CT NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director SANDRO Gasparini 4520 Dumont ST N.P.R. FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURATELLO, JOHN 4531 DUMONT ST NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Elliot Schwartz 4621 Sawgrass Blvd N.P.R. FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKER, DAVID 4711 DUMONT ST NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Parker David 4711 Dumont ST N.P.R. FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alexandra FEE* / Treasurer

8/30/08 727-375-9294
727-804-0951