

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90261 033 \*\*\*\*61.25

**DOCUMENT # N39943**

1. Entity Name  
**CYPRESS LANDINGS PROPERTY OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**PO BOX 5963  
SUN CITY CTR., FL 33571 US**

Mailing Address  
**PO BOX 5963  
SUN CITY CTR., FL 33571 US**

**50000242**



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

01062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**58-1916466**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIRCSUK, ALEXANDER  
1928 DEL WEBB BLVD W  
SUNCITY CENTER, FL 33373**

Name **JONES, LEONARD H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1902 GRAND CYPRESS LN.**  
City **SUN CITY CENTER** FL Zip Code **33573**

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 Leonard H. Jones **TREASURER LEONARD H. JONES 1-9-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **VPD** ☒ Delete  
NAME **JONES, JAMES**  
STREET ADDRESS **1945 GRAND CYPRESS LANE**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Change ☒ Addition  
NAME **HIRSCHFELD, LYNN**  
STREET ADDRESS **1920 GRAND CYPRESS LN**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **SD** ☒ Delete  
NAME **BECKMAN, CAROLYN**  
STREET ADDRESS **1942 GRAND CYPRESS LANE**  
CITY-ST-ZIP **SUN CITY CTR, FL 33573**

TITLE **V/D** ☐ Change ☒ Addition  
NAME **COLE, BERNADETTE**  
STREET ADDRESS **1924 GRAND CYPRESS LN.**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Delete  
NAME **JONES, PATRICIA**  
STREET ADDRESS **1902 GRAND CYPRESS LN**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **PD** ☒ Change ☐ Addition  
NAME **STAPLETON, KAREN**  
STREET ADDRESS **1926 WEST DELL WEBB**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **PD** ☒ Delete  
NAME **SMITH, NANCY**  
STREET ADDRESS **1914 GRAND CYPRESS LANE**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **T/D** ☒ Change ☒ Addition  
NAME **JONES, LEONARD**  
STREET ADDRESS **1902 GRAND CYPRESS LN.**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **T** ☒ Delete  
NAME **PIRCSUK, ALEXANDER**  
STREET ADDRESS **1928 DEL WEBB BLVD**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Change ☒ Addition  
NAME **WITWER, BILL**  
STREET ADDRESS **1946 GRAND CYPRESS LN.**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE ☐ Delete  
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: Leonard H. Jones **LEONARD H. JONES 1-9-07 8136338745**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #