



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90014 027 ****61.25

DOCUMENT # N42439 1. Entity Name CYPRESS KNEE COVE MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % MARILYN REID 6771 DONALDSON DRIVE LAKE WALES, FL 33898 US				Mailing Address 6763 DONALDSON DR LAKE WALES, FL 33898 US	
2. Principal Place of Business Suite, Apt. #, etc. 6711 WINDWARD PALMS CT		3. Mailing Address 6711 WINDWARD PALMS CT Suite, Apt. #, etc.			
City & State LAKE WALES, FL		City & State LAKE WALES, FL		4. FEI Number 59-3051899	
Zip 33898		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REID, MARILYN J 6763 DONALDSON DRIVE 6711 WINDWARD PALMS CT LAKE WALES, FL 33898				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <i>Marilyn J Reid</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 1-5-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 STD	NAME REID, MARILYN			<input type="checkbox"/> Delete	
STREET ADDRESS 6763 DONALDSON DRIVE	CITY-ST-ZIP LAKE WALES, FL 33898			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	NAME BOYLE, DONALD			<input type="checkbox"/> Delete	
STREET ADDRESS 6783 DONALDSON DRIVE	CITY-ST-ZIP LAKE WALES, FL 33898			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD	NAME HAMILTON, DALE			<input type="checkbox"/> Delete	
STREET ADDRESS 6759 DONALDSON DR.	CITY-ST-ZIP LAKE WALES, FL 33898			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME REID, DAVID C			<input type="checkbox"/> Delete	
STREET ADDRESS 6763 DONALDSON DRIVE-	CITY-ST-ZIP LAKE WALES, FL 33898			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME BRASHEAR, LARRY			<input type="checkbox"/> Delete	
STREET ADDRESS 6739 DONALDSON DR.	CITY-ST-ZIP LAKE WALES, FL 33898			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME REID, MARILYN			<input type="checkbox"/> Delete	
STREET ADDRESS 6763 DONALDSON DRIVE	CITY-ST-ZIP LAKE WALES, FL 33898			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Marilyn J Reid</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 1-5-05 DAYTIME PHONE #: 863-439-1132	