

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N42439**

1. Entity Name  
CYPRESS KNEE COVE MOBILE HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business  
% MARILYN REID  
6711 WINDWARD PALMS CT  
LAKE WALES, FL 33898 US

Mailing Address  
6711 WINDWARD PALMS CT  
LAKE WALES, FL 33898 US

**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3051899

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

REID, MARILYN J  
6711 WINDWARD PALMS CT  
LAKE WALES, FL 33898

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reissuing)

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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
REID, MARILYN  
6711 WINDWRD PALMS COURT  
LAKE WALES, FL 33898

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LOCKE, RUTH  
6775 DONALDSON DRIVE  
LAKE WALES, FL 33898

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
STEWART, HARTLEY  
6726 DONALDSON DR  
LAKE WALES, FL 33898

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BM  
PETREY, ROBERT  
6762 DONALDSON DR  
LAKE WALES, FL 33898

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BM  
ELY, KEITH  
6766 DONALDSON DR  
LAKE WALES, FL 33898

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000633845  
02/28/07-80043-011 61.25

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IN THIS SPACE**

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:** *Marilyn J Reid* **MARILYN J REID** *2/14/07* *863-439-1132*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #