


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90007 033 ****61.25

DOCUMENT # N94000000406 1. Entity Name CYPRESS LAKES HOMEOWNERS ASSOCIATION NO. 12, INC.					
Principal Place of Business 5187 ROBINO CIR WEST PALM BEACH, FL 33417 US			Mailing Address 5187 ROBINO CIR WEST PALM BEACH, FL 33417 US		
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	4. FEI Number 65-0563413	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KRONENTHAL, DONALD W 5092 ROBINO CIR WEST PALM BEACH, FL 33417				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 MOCERI, JOHN 5091 ROBINO CIR WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIDER, ETHEL 5187 ROBINO CIRCLE WEST PALM BEACH FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZLOTNICK, ADELE 5175 ROBINO CIR WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENVER, MELVIN 5025 ROBINO CIR WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DENVER, MELVIN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORNULIUS, OTT 3543 DORA LANE WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY LEE 5194 ROBINO CIRCLE WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS D ROCK, MAISIE 3524 DORA LANE WPALM BCH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINBERG, IRVING 5176 ROBINO CIRCLE WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRONENTHAL, DONALD W 5092 ROBINO CIRCLE WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>Donald W Kronenthal</u> DONALD W KRONENTHAL <u>56-242-4680</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> TREASURER <small>Date</small> <small>Daytime Phone #</small>					