

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

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90126 045 ****61.25

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1. Entity Name

THE FOUNTAINS AT CYPRESS LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3233527

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

LEIGHTON, LENNARD A
SEABORD ARBORS MANAGEMENT SVCS
2189 CLEVELAND ST SUITE 225
CLEARWATER FL 33765

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature not used when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE PD ☐ Delete
NAME ROCK, DEAN
STREET ADDRESS 396 FOUNTAINVIEW CIRCLE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE VPD ☒ Delete
NAME BAHNSEN, SCOTT
STREET ADDRESS 326 FOUNTAINVIEW CIRCLE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☐ Delete
NAME SMITH, JAMES
STREET ADDRESS 345 FOUNTAINVIEW CIRCLE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE TSD ☒ Delete
NAME DAVIS, MICHELLE
STREET ADDRESS 338 WOODSPRING COURT
CITY-ST-ZIP OLDSMAR FL 34677

TITLE MAL ☒ Delete
NAME LOPEZ, JAIME
STREET ADDRESS 352 FOUNTAINVIEW CIRCLE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition
NAME JOHNSON, KATHLEEN
STREET ADDRESS 325 FOUNTAINVIEW CIRCLE
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME CASTELLANO, GEORGIANNA
STREET ADDRESS 313 FOUNTAINVIEW CIRCLE
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE TD ☐ Change ☒ Addition
NAME DRONEY, RITA
STREET ADDRESS 375 FOUNTAINVIEW CIRCLE
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE ☐ Change ☐ Addition
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 Section 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:

Norman Smith