

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90077 021 ****61.25

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1. Entity Name
CYPRESS LANDING OF ORANGE COUNTY
HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1950 LEE ROAD
SUITE 212
WINTER PARK, FL 32789 US

Mailing Address

1950 LEE ROAD
SUITE 212
WINTER PARK, FL 32789 US



01262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3295183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, JANICE C
GREYSTONE MANAGEMENT COMPANY
1950 LEE ROAD, STE.212
WINTER PARK, FL 32789

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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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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
TD
KRUPOFF, PHILI
8130 BELSHIRE DR.
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REYDA, DAVID
3552 BELLINGTON DR.
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOPEZ, MELINDA
3406 BELLINGTON DR.
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLANAGAN, ANN
3727 WINDING LAKE DR.
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GLYDA, DEWAINE
3249 BELLINGTON DR.
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #