


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90092 019 ****61.25

DOCUMENT # N94000004148 1. Entity Name CYPRESS LAKE HOMEOWNERS ASSOCIATION OF MARTIN COUNTY, INC.					
Principal Place of Business OPC MANAGEMENT 1200 US HWY ONE STE E NORTH PALM BEACH, FL 33408 US			Mailing Address OPC MANAGEMENT PO BOX 30566 WEST PALM BEACH, FL 33420 US		
2. Principal Place of Business - No P.O. Box # Bristol Management Suite, Apt. #, etc. 735 Colorado Ave #3 City & State STUART FL Zip 34994 Country USA		3. Mailing Address Bristol Management Suite, Apt. #, etc. 735 Colorado Ave #3 City & State STUART Zip FL Country USA			
4. FEI Number 65-0528710				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ROSS, DEBORAH C/O ROSS, EARL & BONNAN 759 S FEDERAL HWY STE 212 STUART, FL 34994			7. Name and Address of New Registered Agent 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 <u>DIANE MUNDT, LCAM, Property Manager</u> DATE <u>3/29/07</u> 6040 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	STD HELMICK, JOHN 1555 SW SHADY LAKES TERRACE PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. James Pilkington 1768 SW Shady Lakes Ter Palm City FL 34990
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OCONNELL, DENNIS 1632 SW SHADY LAKES TERR PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rod Maine 1691 SW Shady Lakes Ter Palm City, FL 34990
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MROCZEK, THRODORE 1644 SW SHADY LAKES TERRACE PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Jack Dodd 1548 SW Shady Lakes Ter Palm City FL 34990
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEMETH, THRODORE 1780 SW SHADY LAKES TERRACE PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob Karban 1583 SW Shady Lakes Ter. Palm City FL 34990
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTATI, PAT 1772 SW SHADY LAKE TERR PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pat Ottati 1772 SW Shady Lake Ter Palm City FL 34990
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<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 an other like empowered.					
SIGNATURE <u>James Pilkington</u> DATE <u>4/26/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					