

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90107 034 ****61.25

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1. Entity Name
CYPRESS RIDGE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
18107 PRINCESS POINT CIRCLE
TAMPA, FL 33647 US

Mailing Address
PO BOX 48855
TAMPA, FL 33647 US

60023091



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3377385

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LUSK, BARBARA
18107 PRINCESS POINT CIRCLE
TAMPA, FL 33647

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 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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MALYSZEK, LIZ
STREET ADDRESS 17804 EAGLE TRACE STREET
CITY-ST-ZIP TAMPA, FL 33647

TITLE VPD ☐ Delete
NAME RODERICK, FRANCIE
STREET ADDRESS 9308 CYPRESS BEND DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE SD ☐ Delete
NAME COHEN, JUSTINE
STREET ADDRESS 9329 CYPRESS BEND DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE TD ☐ Delete
NAME NOBLE, CRYSTAL
STREET ADDRESS 9305 CYPRESS BEND DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE D ☒ Delete
NAME BAGGOT, LORI
STREET ADDRESS 9310 CYPRESS BEND DRIVE
CITY-ST-ZIP TAMPA, FL 33647

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 ☒ Change ☐ Addition
NAME D Roderick, Francie
STREET ADDRESS 9308 Cypress Bend Drive
CITY-ST-ZIP Tampa, FL 33647

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

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

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

TITLE ☐ Change ☒ Addition
NAME VPD Johnson, Carmela
STREET ADDRESS 9324 Cypress Bend Drive
CITY-ST-ZIP Tampa, FL 33647

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:

Elizabeth Malysz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07
Date

813-994-8288
Daytime Phone