

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90044 008 ****61.25

DOCUMENT # N95000000203

1. Entity Name
CYPRESS PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
5324 FAIRFIELD LAKE DR
KISSIMMEE, FL 34746 US

Mailing Address
5324 FAIRFIELD LAKE DR
KISSIMMEE, FL 34746 US

40004030



DO NOT WRITE IN THIS SPACE

04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3342607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	JONES, DONALD DR.
STREET ADDRESS	7111 WILD FOREST CT., #102
CITY - ST - ZIP	NAPLES, FL 34109
TITLE	TD
NAME	KUHLKE, WILLIAM
STREET ADDRESS	196 SE WENTWORTH DR.
CITY - ST - ZIP	STUART, FL 34996
TITLE	PD
NAME	HILLIER, JOSEPH
STREET ADDRESS	4879 WEST 85TH LANE
CITY - ST - ZIP	CROWN POINT, IN 46307
TITLE	SD
NAME	HARRIS, MATTHEW
STREET ADDRESS	2104 DRIVE WAY
CITY - ST - ZIP	KISSIMMEE, FL 34746
TITLE	D
NAME	HART, WILLIAM
STREET ADDRESS	215 N. ORLANDO AVE.
CITY - ST - ZIP	KISSIMMEE, FL 34741
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07 239-254-8380
Date Daytime Phone #