

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90027 039 \*\*\*\*61.25

**DOCUMENT # N95000003704**

1. Entity Name  
CYPRESS PINES PROPERTY OWNERS ASSOCIATION,  
INC.



Principal Place of Business  
352 HOMESTEAD ROAD SOUTH  
1  
LEHIGH ACRES, FL 33936 US

Mailing Address  
352 HOMESTEAD ROAD SOUTH  
1  
LEHIGH ACRES, FL 33936 US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
65-0397136

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

ADAMS, JOSEPH E ESQ.  
BECKER & POLIAKOFF, P.A.  
14241 METROPOLIS AVE., STE. 100  
FT. MYERS, FL 33912

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 renewing)

DATE

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME LANDES-ROSS, JOANN  
STREET ADDRESS 20037 PETRUCKA CIR.  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME HOWARD Hamilton  
STREET ADDRESS 19976 LAKE VISTA CIRCLE  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE VP ☐ Delete  
NAME KOENIG, PHILLIP  
STREET ADDRESS 19930 LAKE VISTA CIR  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

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

TITLE TD ☒ Delete  
NAME OLSON, JUDY  
STREET ADDRESS 19990 LAKE VISTA CIRCLE  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE T/D ☐ Change ☒ Addition  
NAME JORIS MOORE  
STREET ADDRESS 20060 LAKE VISTA CIRCLE  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE SD ☐ Delete  
NAME DORTCH, MELISSA  
STREET ADDRESS 17701 LARSON DR  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

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

TITLE D ☐ Delete  
NAME HAMILTON, HOWARD  
STREET ADDRESS 19976 LAKE VISTA CIR  
CITY-ST-ZIP LEHIGH ACRES, FL 33936 / PRESIDENT

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

TITLE D ☐ Delete  
NAME CARRICK, JERE  
STREET ADDRESS 350 HOMESTEAD ROAD S  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE SAME ☐ 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 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: *Joris D. Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08

239-369-3329

Date

Daytime Phone #

ATTACHMENT 40059962  
Additional Directors #NQ5000003704

D

Siegfried Lorenz  
20001 Petrucka Circle, N. SAME  
Lehigh Acres, FL 33936

D

David Sundby  
19894/96 Lake Vista Circle SAME  
Lehigh Acres, FL 33936

D

REX JACKSON  
19913N LAKE VISTA Circle SAME  
LEHIGH ACRES, FL 33936