2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2004 8:00 am
Secretary of State
05-11-2004 90077 034 ****70.00

DOCUMENT # N95000005240

1. Entity Name

CYPRESS WOODS COMMUNITY ASSOCIATION OF EAST LAKE, INC.

Principal Place of Business	Mailing Address
36181 EAST LAKE ROAD #194 PALM HARBOR FL 34685 US	36181 EAST LAKE ROAD #194 PALM HARBOR FL 34685 US

64U14411

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3345283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUM, DALE M P
4906 FELICITY WAY
PALM HARBOR FL 34685

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/CO-TREASURER NO CHANGE CRUM, DALE 4906 FELICITY WAY PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/CO-TREASURER CRUM DALE 4906 FELICITY WAY PALM HARBOR FL. 34685
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NO CHANGE STEWART, CHUCK 4526 SERENITY TRAIL PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CHUCK STEWART 4526 SERENITY TRAIL PALM HARBOR FL. 34685
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNICKBOCKER, DAVID 4502 SERENITY TRAIL PALM HARBOR FL 34685	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KEN WEBSTER 4578 FELICITY WAY PALM HARBOR, FL. 34685
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PAGES, RACHEL 4996 FELICITY WAY PALM HARBOR FL 34685	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER-CO SELENE HOVE 4542 SERENITY TRAIL PALM HARBOR FL. 34685
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BASHARA, CONNIE 4539 SERENITY TRAIL PALM HARBOR FL 34685	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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: Dale M Crum 727-945-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #