


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90018 001 \*\*\*\*70.00

<b>DOCUMENT # N95000005240</b> 1. Entity Name <b>CYPRESS WOODS COMMUNITY ASSOCIATION OF EAST LAKE, INC.</b>					
Principal Place of Business <b>36181 EAST LAKE ROAD #194 PALM HARBOR FL 34685 US</b>			Mailing Address <b>36181 EAST LAKE ROAD #194 PALM HARBOR FL 34685 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3345283</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>CRUM, DALE M P 4906 FELICITY WAY PALM HARBOR FL 34685</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CRUM, DALE</b> <b>4906 FELICITY WAY</b> <b>PALM HARBOR FL 34685</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>STEWART, CHUCK</b> <b>4526 SERENITY TRAIL</b> <b>PALM HARBOR FL 34685</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WEBSTER, KEN</b> <b>4978 FELICITY WAY</b> <b>PALM HARBOR FL 34685</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>HOVE, SELENE</b> <b>1542 SERENITY TRAIL</b> <b>PALM HARBOR FL 34685</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>SANDERSON, DENISE</b> <b>4873 CYPRESS WOODS BLVD</b> <b>PALM HARBOR FL 34685</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>NEAL KAISER - TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4518 SERENITY TRAIL</b> <b>PALM HARBOR, FL. 34685</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DARRELL SCOTT</b> <b>4550 SERENITY TRAIL</b> <b>PALM HARBOR, FL. 34685</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 I am empowered.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>PRESIDENT</b> <b>4/28/08</b> <b>727-938-8689</b>					