

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

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90023 008 ****61.25

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1. Entity Name

CYPRESS RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

5365 CYPRESS RESERVE PLACE
WINTER PARK FL 32792
US

Mailing Address

C/O LIGHTHOUSE MANAGEMENT
PO BOX 0774
WINDERMERE FL 34786-0774
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3363704

Applied For

Not Applicable

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

PAUL L. WEAN
646 EAST COLONIAL DR.
ORLANDO FL 32803

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 reconstituting)

DATE

FILE NOW - 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KENDALL, CHRIS	
STREET ADDRESS	5364 CYPRESS RESERVE PL	
CITY-STATE-ZIP	WINTER PARK FL 32792	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KRELL, ROBERT	
STREET ADDRESS	5357 CYPRESS RESERVE PLACE	
CITY-STATE-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHARLTON, BILL	
STREET ADDRESS	5333 CYPRESS RESERVE PL	
CITY-STATE-ZIP	WINTER PARK FL 32792	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAYER, ELLEN	
STREET ADDRESS	2812 BEAR ISLANDS POINTE	
CITY-STATE-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARSON, PAM	
STREET ADDRESS	5317 CYPRESS RESERVE PL	
CITY-STATE-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5365	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRSCHNER, STEVE	
STREET ADDRESS	2848 BEAR ISLANDS POINTE	
CITY-STATE-ZIP	WINTER PARK, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 like empowered.

SIGNATURE:

Christopher S. Sussell

3/11/08 (24072562443)