

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90072 018 *****61.25

DOCUMENT # N96000005674

1. Entity Name

CYPRESS CREEK MOBILE HOMEOWNERS SOCIAL CLUB, INC.



Principal Place of Business

28944 HUBBARD ST
LOT 65
LEESBURG FL 34748
US

Mailing Address

28944 HUBBARD ST
LOT 65
LEESBURG FL 34748
US

2. Principal Place of Business

28944 Hubbard ST
Suite, Apt. #, etc.
LOT 46

3. Mailing Address

28944 Hubbard ST
Suite, Apt. #, etc.
LOT 46



1st MOORE

CR2E037 (10/04)

City & State

Leesburg F
Zip
34748

Country

LAKE

City & State

Leesburg FL
Zip
34748

Country

LAKE

4. FEI Number

59-3411353

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, CYNTHIA A
28944 HUBBARD ST
LOT 103
LEESBURG FL 34748

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

Cynthia A. Rogers

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, 2005

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	P	<input checked="" type="checkbox"/> Delete
NAME	LOVETT, ROBERT	
STREET ADDRESS	28944 HUBBARD ST LOT 36	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SUCHMAN, ED	
STREET ADDRESS	28944 HUBBARD ST LOT 75	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, PAT	
STREET ADDRESS	28944 HUBBARD ST LOT 110	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CANNON, ANNE	
STREET ADDRESS	28944 HUBBARD ST LOT 115/122	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MESEROLL, PHIL	
STREET ADDRESS	28944 HUBBARD ST LOT 79	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	I	<input type="checkbox"/> Delete
NAME	ROGERS, CINDY	
STREET ADDRESS	28944 HUBBARD ST LOT 103	
CITY-ST-ZIP	LEESBURG FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLLIS, JOYCE	
STREET ADDRESS	28944 Hubbard St LOT 46	
CITY-ST-ZIP	Leesburg FL 34748	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAEVANS, PAT	
STREET ADDRESS	28944 Hubbard ST LOT 26	
CITY-ST-ZIP	Leesburg FL 34748	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EAST, ELSIE	
STREET ADDRESS	28944 Hubbard ST LOT 32	
CITY-ST-ZIP	Leesburg FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Knudsen, ROSANNE	
STREET ADDRESS	28944 Hubbard ST LOT 74	
CITY-ST-ZIP	Leesburg FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaffer, WAIT	
STREET ADDRESS	28944 Hubbard ST LOT 6	
CITY-ST-ZIP	Leesburg FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Olssen, Linda	
STREET ADDRESS	28944 Hubbard ST LOT 7	
CITY-ST-ZIP	Leesburg FL 34748	

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:

Cynthia A. Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-05

352-365-1617

Date

Daytime Phone #