2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003957

1. Entity Name
CYPRESS LAKES ESTATES III HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
2757 MEADOWVIEW CT
TARPON SPRINGS, FL 34688 US

Mailing Address
2757 MEADOWVIEW CT
TARPON SPRINGS, FL 34688 US

02112006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3457806
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALRK, ROBERT L
2757 MEADOWVIEW CT
TARPON SPRINGS, FL 34688

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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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	CLARK, ROBERT
STREET ADDRESS	2757 MEADOWVIEW CT
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	SD
NAME	ANDRADE, SANDY
STREET ADDRESS	2806 MEADOWVIEW COURT
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	PD
NAME	BADILLO, LINDA
STREET ADDRESS	2791 MEADOWVIEW CT
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	VPD
NAME	LACAMERA, RICHARD
STREET ADDRESS	2805 MEADOWVIEW CT
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000434529
02/25/06-80005-019 61.25

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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: Robert Clark Robert Clark 02/11/06 (727)939-9567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #