

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90069 032 \*\*\*\*61.25

<b>DOCUMENT # N97000003957</b>					
<b>1. Entity Name</b> CYPRESS LAKES ESTATES III HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2748 MEADOWVIEW CT TARPON SPRINGS, FL 34688 US			<b>Mailing Address</b> 2748 MEADOWVIEW CT TARPON SPRINGS, FL 34688 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2757 Meadowview Ct.		<b>3. Mailing Address</b> 2757 Meadowview Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tarpon Springs, FL		<b>City &amp; State</b> Tarpon Springs, FL		<b>4. FEI Number</b> 59-3457806	
<b>Zip</b> 34688		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> BENNAFWIT, BART 2748 MEADOWVIEW CT TARPON SPRINGS, FL 34688	
<b>7. Name and Address of New Registered Agent</b> Name: Robert Clark Street Address (P.O. Box Number is Not Acceptable): 2757 Meadowview Ct. City: Tarpon Springs FL Zip Code: 34688				<b>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.</b>	
<b>SIGNATURE</b> <u>Robert Clark</u> <u>Treasurer</u>				<b>DATE</b> <u>02/16/08</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing - Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TD BENNAFWIT, BART 2748 MEADOWVIEW CT TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	SD MONARCH, CHERIE 2820 MEADOWVIEW CT TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD BADILLO, LINDA 2791 MEADOWVIEW CT TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VPD LACAMERA, RICHARD 2805 MEADOWVIEW CT TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TD Robert Clark 2757 Meadowview Ct. Tarpon Springs, FL 34688 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VPD Mark Schreimann 2819 Meadowview Ct. Tarpon Springs, FL 34688 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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 empowerment.</b>					
<b>SIGNATURE:</b> <u>Robert Clark</u> <u>Robert Clark</u>			<b>DATE</b> <u>02/16/08</u> <u>727-939-9567</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					