

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003957

FILED
Feb 14, 2009
Secretary of State

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

Current Principal Place of Business:

2757 MEADOW VIEW CT.
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

2757 MEADOWVIEW CT.
TARPON SPRINGS, FL 34688 US

Current Mailing Address:

2757 MEADOW VIEW CT.
TARPON SPRINGS, FL 34688 US

New Mailing Address:

2757 MEADOWVIEW CT.
TARPON SPRINGS, FL 34688 US

FEI Number: 59-3457806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, ROBERT
2757 MEADOWVIEW CT.
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MONARCH, CHERIE
Address: 2820 MEADOWVIEW CT
City-St-Zip: TARPON SPRINGS, FL 34688

Title: PD () Delete
Name: LACAMERA, RICHARD
Address: 2805 MEADOWVIEW CT
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD () Delete
Name: CLARK, ROBERT
Address: 2757 MEADOWVIEW CT.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VPD () Delete
Name: SCHREIMANN, MARK
Address: 2819 MEADOWVIEW CT.
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SCHREIMANN, MARK
Address: 2819 MEADOWVIEW CT.
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CLARK

TD

02/14/2009

Electronic Signature of Signing Officer or Director

Date