

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90030 048 ****61.25

DOCUMENT # N98000002888

1. Entity Name
CYPRESS HEAD AT THE ENCLAVE ASSOCIATION, INC.



Principal Place of Business
206 S. ELM AVE.
SANFORD, FL 32771

Mailing Address
PO BOX 1596
SANFORD, FL 32771-1596

40033341



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3524437

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PREMIER PROPERTY MANAGEMENT OF CENTRAL FL.
206 S. ELM AVENUE
SANFORD, FL 32771

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BURND, DANIEL
STREET ADDRESS 5484 WHITE HERON PL
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME EVANS, JIM
STREET ADDRESS 5358 RED LEAF CT.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME WALKER, JUDY
STREET ADDRESS 5353 RED LEAF COURT
CITY-ST-ZIP OVIEDO, FL 32765

TITLE S/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HOLLAND, JIM
STREET ADDRESS 5206 SMOKEY WATER LN.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME OQUENDO, JR
STREET ADDRESS 2784 CYPRESS HEAD TRAIL
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VPD ☐ Change ☒ Addition
NAME Bertucci, DAVID
STREET ADDRESS 5576 White Heron Pl
CITY-ST-ZIP OVIEDO, FL 32765

TITLE TD ☒ Delete
NAME FELKER, DAVID
STREET ADDRESS 5568 WHITE HERON CT.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE T/D ☐ Change ☒ Addition
NAME HAND, ROBIN
STREET ADDRESS 2784 CYPRESS HEAD TR
CITY-ST-ZIP 32765, FL 32765

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/07