

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90100 029 \*\*\*\*61.25

**DOCUMENT # N98000002888**

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



Principal  
**206  
SAN**  
Premier Property Management of CFL  
**735 Primera Boulevard Suite 110  
Lake Mary, FL 32746**

Address  
**X 1596  
RD, FL 32771-1596**



02202008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3524437**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

Premier Property Management of CFL NTRAL FL.  
735 Primera Boulevard Suite 110  
Lake Mary, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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

*Donald Halberstam*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/11/08*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>EVANS, JIM</b>
STREET ADDRESS	<b>5358 RED LEAF CT.</b>
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>
TITLE	<b>VP</b>
NAME	<b>WALKER, JUDY</b>
STREET ADDRESS	<b>5353 RED LEAF COURT</b>
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>
TITLE	<b>D</b>
NAME	<b>HOLLAND, JIM</b>
STREET ADDRESS	<b>5206 SMOKEY WATER LN.</b>
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>
TITLE	<b>VP PD</b>
NAME	<b>BERTUCCI, DAVID</b>
STREET ADDRESS	<b>5576 WHITE HEON PLACE</b>
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>
TITLE	<b>TD</b>
NAME	<b>HAND, ROBIN</b>
STREET ADDRESS	<b>2787 CYPRESS HEAD TR.</b>
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>
TITLE	<b>DS</b>
NAME	<b>Laura Kelly</b>
STREET ADDRESS	<b>5551 White Heron</b>
CITY-ST-ZIP	<b>oviedo FL 32765</b>

**DO NOT WRITE  
IN THIS SPACE**

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:**

*David Bertucci* - **David Bertucci**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/19/08* **407-322-4922**

Date Daytime Phone #