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03-11-1999 90255 030 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006774

1. Corporation Name

**CYPRESS LAKES AT HIGH POINT PHASE TWO HOMEOWNERS
ASSOCIATION, INC.**

Principal Place of Business

**380 SOUTH NORTH LAKE BLVD. #1012
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**380 SOUTH NORTH LAKE BLVD. #1012
ALTAMONTE SPRINGS FL 32701**



2. Principal Place of Business

P.O. Box 780024

2a. Mailing Address

P.O. Box 780024

3. Date Incorporated or Qualified

11/25/1998

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59-3548459

Applied For

Not Applicable

23. City & State

ORLANDO, FLORIDA

28. City & State

ORLANDO, FLORIDA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

24. Zip Country

32878-0024 USA

29. Zip Country

32878-0024 USA

6. Election Campaign Financing

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

9. Name and Address of Current Registered Agent

**SMALL, PETER N
380 SOUTH NORTH LAKE BLVD. #1012
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

**81 Name GILBERT J. PACK
82 Street Address (P.O. Box Number is Not Acceptable)
632 CYPRESS TREE CT.
83
84 City ORLANDO FL 85 Zip Code 32825**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Gilbert J. Pack

3-9-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SMALL, PETE	1.2 NAME	GILBERT J. PACK
STREET ADDRESS	380 SOUTH NORTH LAKE BLVD. #1012	1.3 STREET ADDRESS	632 CYPRESS TREE CT.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	ORLANDO, FL. 32825
TITLE	VSD ☒ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	WATTERS, MARCUS L JR.	2.2 NAME	MARK WILLIAMS
STREET ADDRESS	380 SOUTH NORTH LAKE BLVD. #1012	2.3 STREET ADDRESS	520 CYPRESS TREE CT.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY-ST-ZIP	ORLANDO, FL. 32825
TITLE	STD ☒ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	APPLEMAN, JACK	3.2 NAME	MARIA VENTURA
STREET ADDRESS	380 SOUTH NORTH LAKE BLVD. #1012	3.3 STREET ADDRESS	547 CYPRESS TREE CT.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	3.4 CITY-ST-ZIP	ORLANDO, FL. 32825
TITLE	☐ DELETE	4.1 TITLE	TS ☐ Change ☒ Addition
NAME		4.2 NAME	JOE KINDER
STREET ADDRESS		4.3 STREET ADDRESS	629 CYPRESS TREE CT.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL. 32825
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gilbert J. Pack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

Date

407-281-0191

Daytime Phone #

CR2E037 (11/98)