

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2005 08:00 AM  
Secretary of State

DOCUMENT # N98000006774

1. Entity Name  
CYPRESS LAKES AT HIGH POINT PHASE TWO  
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
PO BOX 780024  
ORLANDO, FL 32878-0024

Mailing Address  
PO BOX 780024  
ORLANDO, FL 32878-0024



01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3548459  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PACK, GILBERT J  
632 CYPRESS TREE CT  
ORLANDO, FL 32825

**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

*Gilbert J Pack*

(NOTE: Registered Agent signature required when reinstating)

3 Jan 2005

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PACK, GILBERT J  
632 CYPRESS TREE CT  
ORLANDO, FL 32825

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WHEDBEE, JIMMY L  
508 CYPRESS TREE CT.  
ORLANDO, FL 32825

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
KINDER, JOE  
629 CYPRESS TREE CT  
ORLANDO, FL 32825

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MURPHY, JOHN  
521 CYPRESS TREE CT.  
ORLANDO, FL 32825

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000174735  
01/10/05-80022-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Gilbert J Pack* GILBERT J. PACK

3 Jan 2005

407-281-0191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #