2004 NOT FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90023 013 ****61.25

DOCUMENT # N99000000218

1. Entity Name
CYPRESS LAKES HOMEOWNERS ASSOCIATION OF LAKELAND, INC.

Principal Place of Business	Mailing Address
10000 U.S. HIGHWAY 98 NORTH #303 LAKELAND, FL 33809	10000 U.S. HIGHWAY 98 NORTH #303 LAKELAND, FL 33809

44005400

02042004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2878564 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWARTZLANDER, CARSON E
10300 US 98 N
#1516
LAKELAND, FL 33809

7. Name and Address of New Registered Agent

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, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VBD~~ SBD STENGER, CAROL 10300 US 98 N, #1522 LAKELAND, FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VBD McLAUGHLIN, DENNIS 10300 US 98N, #1448 LAKELAND, FL 33809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~BD~~ BM HOLZSCHUH, DICK 10000 US 98 N #402 LAKELAND, FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM CIUFFETTI, MARIO 10300 US 98N, #1394 LAKELAND, FL 33809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TBD SWARTZLANDER, CARSON 10300 US 98 N #1516 LAKELAND, FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM BENNETHOFF, DON 10000 US 98N, #1516 LAKELAND, FL 33809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM FICK, BOB 10000 U.S. HIGHWAY 98 NORTH, #1471 LAKELAND, FL 33809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM KABOLKA, RICH 10300 US 98N, #1517 LAKELAND, FL 33809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM WINIECKI, PAUL 10000 US 98 N #604 LAKELAND, FL 33809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~BD~~ BD BARKER, DICK 10000 US 98N, #938 LAKELAND FL 33809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM FORBELL, MIKE 10000 US 98 N #656 LAKELAND, FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM HAINES, HERB 10000 US 98N, #950 LAKELAND FL 33809	☐ Change ☒ Addition

12. 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 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: Carson E Swartzlander 2-4-04