

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000002237**

1. Entity Name  
CYPRESS MEADOWS HOMES, INC.



Principal Place of Business  
6000 COMPTON ESTATES WAY  
TAMPA, FL 33647

Mailing Address  
6000 COMPTON ESTATES WAY  
TAMPA, FL 33647



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3212562

Applied For  
Not Applicable

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

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

INGLIS, JOHN S  
SHUMAKER, LOOP & KENDRICK, LLP  
101 E KENNEDY BLVD #2800  
TAMPA, FL 33602

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VS
NAME	KINSLER, WARREN
STREET ADDRESS	401 PROVIDENCE RD.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	DV
NAME	WILF, LEONARD
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ
TITLE	DP
NAME	WILF, ZYGMUNT
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ
TITLE	DVT
NAME	WILF, MARK
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000398777  
02/01/06-R0027-008 50.00

**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 607, 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:** WARREN KINSLER 1-7100 (813) 910-7914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #