

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
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



01072008 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Warren Kinsler

1-1808

(813) 910-7914