## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Secretary of State 04-29-1999 90083 023 \*\*\*150.00

**FILED** Apr 29, 1999 8:00 am

## DOCUMENT # P9700082608

1. Corporation Name

CYPRESS LAKES UTILITIES, INC.

026207

Principal Place of Business 200 WEATHERSFIELD AVE. ALTAMONTE SPRINGS FL 32714 Mailing Address

200 WEATHERSFIELD AVE. ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE Not Applicable 21 Suit a, Apt. #, etc. Suite, Apt. #, etc. \$8.7:5 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes the current year Intangible ☐ Yes X No 24 29 30 Personal Property Tax. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATON FL 33324 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prin ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition TITLE VΡ DELETE 1 1 TITLE Chan ie RASMUSSEN, DONALD 1.2 NAME NAME 200 WEATHERSFIELD AVE 13 STREET ADDRESS STREET # DORESS ALTAMONTE SPGS FL 32714 1.4 CITY - ST-ZIF CITY-ST-ZIF DELECE Chan re Addition TITLE 2.1 TITLE CEOC CAMAREN, JAMES J 2.2 NAME NAME 2335 SANDERS RD 23 STREET ADDRESS STREET / DDRESS NORTHBROOK IL 60062 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELE TE Chan je ☐ Addition TITLE SVP 3.1 TITLE NAME DEMAREE, DAVID H 3.2 NAME 2335 SANDERS RD STREET / DDRESS 3.3 STREET ADDRESS NORTHBROOK IL 60062 34 CITY-ST-ZIP CITY-ST-ZIP DELE TE Addition 4.1 TITLE Chan je TITLE SCHUMACHER, LAWRENCE N NAME 4.2 NAME 2335 SANDERS RD STREET / DDRESS 4.3 STREET ADDRESS NORTHBROOK IL 60062 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Chan je ☐ Addition VΡ 5.1 TITLE TITLE 52 NAME WENZ, CARL J NAME 5.3 STREET ADDRESS 2335 SANDERS RFD STREET / DDRESS NORTHBROOK IL 60062 54 CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP 14. It ereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1' 9.07(3)(i), Florida Statutes. I further certify that the information initicated on this annual report or supplied in 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 12 or Block 12 if changes or or an attachment with an endress, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

DOPUCH, ANDREW N

NORTHBROOK IL 60062

2335 SANDERS RD

TITLE

NAME

STREET / DDRESS.

ED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Dopuch, Andrew

2335 Sanders Road

Northbrook, IL 60062

Daytime Phon i #

XIX han re

Addition