#### **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 753801** 

Entity Name: CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

FILED Apr 26, 2013 Secretary of State CC3326043798

# **Current Principal Place of Business:**

108 CYPRESS BLVD. WEST HOMOSASSA, FL 34446

# **Current Mailing Address:**

2541 N RESTON TERRACE HERNANDO, FL 34442

FEI Number: 59-2441506 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

VILLAGES SERVICES COOPERATIVE INC. 2541 N RESTON TERRACE HERNANDO, FL 34442 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	VP	Title	D
11110	V I	1100	$\boldsymbol{\mathcal{L}}$

NameBRISKIE, TONYNameZAKSZESKI, SCOTTAddress31 DEER DRIVEAddress5 HAZELWOOD CT NCity-State-Zip:HOMOSASSA FL 34446City-State-Zip:HOMOSASSA FL 34446

Title D Title P

NameMARSHALL, JACKNameBLODGETT, WARRENAddress8 DRYPETES CT WAddress21 ENCLAVE PT SOUTHCity-State-Zip:HOMOSASSA FL 34446City-State-Zip:HOMOSASSA FL 34446

Title D Title S

NameMILLER, TIMNameISAAC, JERRYAddress13 HACKBERRY CT NAddress50 MASTERS DR S

City-State-Zip: HOMOSASSA FL 34446 City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR Title **TREASURER** Name HOWARD, MIKE STEIDEL, MARIE Name 13 BYSONIMA CT W Address 2 BEVERLY CT Address City-State-Zip: HOMOSASSA FL 34446 HOMOSASSA FL 34446 City-State-Zip:

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIE STEIDEL TREASURER 04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name MARSHALL, DENNIS Address 20 DOUGLAS ST

City-State-Zip: HOMOSASSA FL 34446