2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2015
Secretary of State
CC1215779013

DOCUMENT# 753801

Entity Name: CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

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	D
Name	ZAKSZESKI, SCOTT
Address	108 CYPRESS BLVD. WEST
City-State-Zip:	HOMOSASSA FL 34446

Title	D
Name	MILLER, TIM
Address	108 CYPRESS BLVD. WEST
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	HOWARD, MIKE
Address	108 CYPRESS BLVD. WEST
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	BOWLING, DEBORAH
Address	108 CYPRESS BLVD. WEST
City-State-Zip:	HOMOSASSA FL 34446

Title	P
Name	BLODGETT, WARREN
Address	108 CYPRESS BLVD. WEST
City-State-Zip:	HOMOSASSA FL 34446

Title	TREASURER, SECRETARY
Name	STEIDEL, MARIE
Address	108 CYPRESS BLVD. WEST
City-State-Zip:	HOMOSASSA FL 34446

Title	VP
Name	MARSHALL, DENNIS
Address	108 CYPRESS BLVD. WEST
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	SCHMIDT, DAVID
Address	108 CYPRESS BLVD. WEST
City-State-Zip:	HOMOSASSA FL 34446

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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 SECRETARY 04/10/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TANZER, ANGELA
Address	108 CYPRESS BLVD. WEST
City-State-Zip:	HOMOSASSA FL 34446