

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00091

**Entity Name:** VILLAS AT CYPRESS RUN - WEST OWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 16, 2025**  
**Secretary of State**  
**0931344798CC**

**Current Principal Place of Business:**

2545 ROYAL LIVERPOOL DRIVE  
TARPON SPRINGS, FL 34688

**Current Mailing Address:**

POST OFFICE BOX 1991  
TARPON SPRINGS, FL 34688 US

**FEI Number:** 59-2344333

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHETZEL, TERRI B  
2545 ROYAL LIVERPOOL DRIVE  
TARPON SPRINGS, FL 34688 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            PRESIDENT  
Name            INGLEMAN, LESLIE K  
Address        2601 ROYAL LIVERPOOL DRIVE  
City-State-Zip: TARPON SPRINGS FL 34688

Title            VICE PRESIDENT  
Name            COBB, MICHAEL  
Address        2595 ROYAL LIVERPOOL DRIVE  
City-State-Zip: TARPON SPRINGS FL 34688

Title            SECRETARY  
Name            KAVOUKLIS, MARIA  
Address        2555 ROYAL LIVERPOOL DRIVE  
City-State-Zip: TARPON SPRINGS FL 34688

Title            TREASURER  
Name            ROGERS, SHELLY S  
Address        2605 ST. ANDREWS BOULEVARD  
City-State-Zip: TARPON SPRINGS FL 34688

Title            DIRECTOR  
Name            RIZZA, RICHARD J  
Address        2620 ST. ANDREWS BOULEVARD  
City-State-Zip: TARPON SPRINGS FL 34688

*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:** LESLIE K INGLEMAN

**PRESIDENT**

**04/16/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date