

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21922

**Entity Name:** CYPRESS LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Apr 23, 2022**  
**Secretary of State**  
**9041847553CC****Current Principal Place of Business:**1400 LAKE TARPON AVE  
TARPON SPRINGS, FL 34689**Current Mailing Address:**P.O. BOX 1294  
TARPON SPRINGS, FL 34688 US**FEI Number: 59-2895146****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FRANKLY COASTAL PROPERTY MGMT, LLC DBA ASSOCIATION DATA MANAGEMENT  
1400 LAKE TARPON AVE  
TARPON SPRINGS, FL 34689 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:** LYNN M PARRISH

04/23/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | SECRETARY               |
| Name            | DATA, DEREK             |
| Address         | P.O. BOX 1294           |
| City-State-Zip: | TARPON SPRINGS FL 34688 |

|                 |                         |
|-----------------|-------------------------|
| Title           | PRESIDENT               |
| Name            | MURPHY, CHARLES         |
| Address         | P.O. BOX 1294           |
| City-State-Zip: | TARPON SPRINGS FL 34688 |

|                 |                         |
|-----------------|-------------------------|
| Title           | TREASURER               |
| Name            | BAUM, TODD              |
| Address         | P.O. BOX 1294           |
| City-State-Zip: | TARPON SPRINGS FL 34688 |

|                 |                         |
|-----------------|-------------------------|
| Title           | VP                      |
| Name            | PARRISH, LYNN           |
| Address         | P.O. BOX 1294           |
| 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:** CHARLES MURPHY**PRESIDENT**

04/23/2022

Electronic Signature of Signing Officer/Director Detail

Date