

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21922

Entity Name: CYPRESS LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.**FILED**
May 06, 2015
Secretary of State
CC6588093456**Current Principal Place of Business:**2973 CYPRESS POINTE CT
TARPON SPRINGS, FL 34688**Current Mailing Address:**2973 CYPRESS POINTE CT
TARPON SPRINGS, FL 34688**FEI Number: 59-2895146****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PAPES, SCOTT A
2973 CYPRESS PTE CT
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	SD
Name	KELSCH, PAMELA
Address	715 CYPRESS LAKES BLVD.
City-State-Zip:	TARPON SPRINGS FL 34688

Title	P
Name	PAPES, SCOTT
Address	2973 CYPRESS POINTE CT
City-State-Zip:	TARPON SPRINGS FL 34688

Title	TD
Name	NEUMANN, SARAH
Address	855 CYPRESS LAKEVIEW CT
City-State-Zip:	TARPON SPRINGS FL 34688

Title	D
Name	MOORES, BLAKE
Address	840 CYPRESS LAKES BLVD.
City-State-Zip:	TARPON SPRINGS FL 34688

Title	DVP
Name	CHRISTIANSEN, GAIL
Address	764 CYPRESS LAKES BLVD.
City-State-Zip:	TARPON SPRINGS FL 34688

Title	D
Name	JOE, STEINEGER
Address	2975 CYPRESS LAKES COURT
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: SARAH NEUMANN**TREASURER****05/06/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date