2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #725079

FILED Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90091 021 ****61.25

1. Entity Name CARROLLWOOD VILLAGE CYPRESS CLUSTER HOUSES CONDOMINIUMS ASSOCIATION, INC.						
Principal Place 14203 CYPRI TAMPA, FL 3	ESS TERRACE I	failing Address PO BOX 271178 FAMPA, FL 33688 US	3		50011181	
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				01052005 Ch	g-NP , CR2E037 (10/03)	
TAMBA FC		City & State	·		4. FEI Number Applied For 59-1456772 Not Applicable	
3361	8 /F, //Sp-20067	Zip	Country	5. Certificate of Sta	stus Desired S8.75 Additional Fee Required	
MCMILLEN, MARY MARGARET 14203 CYPRESS TERRACE TAMPA, FL 33624 3361 8				Name Street Address (P.O. Box Number is Not Acceptable) 1420 C PRESS EARACE		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)						
Filling Fee is \$61.25 Due by May 1, 2005 9. Election Campaig Trust Fund Contril				\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS 11			11.	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMILLIAN, MARY MARGARET 14203 CYPRESS TERRACE TAMPA, FL 33634 3 3 6 1 8	☐ Delete	NAME K	EN DURST 4227 CYP	Change Addition NESS Cin. FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEIBERT, MARGARET 14211 CYPRESS TERR TAMPA, FL 39824 3 3 6 1 8	☐ Delete		Atrica Fe	ファルト Change DKAddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHABACKER, GEORGE 14219 CYPRESS CIR TAMPA, FL 33624	Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	ELMARIE C	☐ Change ☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	TD HAMMEROFF, ALVIN 14223 CYRPESS CIR TAMPA, FL 33624 33618	☐ Delete	TITLE D	errill HA 4223 CYPR	meroff Change RAddillon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIET, DYNAWAY 14103 CYPRESS RUN TAMPA, FL 33624 33618	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
1ITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARABURD, HERBERT 14203 CYPRESS CIR TAMPA, FL 33624- 3 3 4 / 8	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Section 119 07(3)(i). Fir	Change Addition Change Addition Change I further certify that the information of made under path; that I am an officer or director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TREASURER