## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Mar 23, 2007 8:00 am **Secretary of State DOCUMENT #761273** 03-23-2007 90005 019 \*\*\*\*61.25 CYPRESS PARK GARDEN HOMES I CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 13309 WINDING OAK CT C/O WISE PROPERTY MANAGEMENT, INC. 16105 NORTH FLORIDA AVENUE, SUITE A STE B TAMPA, FL 33612 US LUTZ, FL 33549-6161 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162007 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 59-2479309 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEZER, STEVEN 220 S FRANKLIN ST Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33602 City Zip Code 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 ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. - --Due by May 1, 2007-Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Jake Goldenberg TITLE -Detete TITLE ☐ Change COLLINS, LENA NAME NAME 16105 N PLORING #A 16105 N FLORIDA #A STREET ADDRESS STREET ADDRESS CITY-ST-78P LUTZ, FL 33549 CITY-ST-ZIP UTZ, FL- 33549' † Delete misting Sera GOLDENBERG, JULIE NAME 16105 N. FLORISA HA 16105 N.FLORIDA #A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP 2VP ☐ Delete TITLE ☐ Addition JENNINGS, DEAN NAME NAME 16105 N FLORIDA #A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-7IP TITLE 1VP TITE F Addition Amy Nichols HESS, HEIDI NAME 16105 N ISLORIDA HĀ 16105 N FLORIDA #A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP LUCE ZOOK Detete Addition NOOR, SHARINA POLK LEE NAME NAME 16105 N FLORIDA #A STREET ADDRESS STREET ADDRESS 16105 N. ELORIDA #A CITY-ST-ZIP LUTZ, FL 33549 CTTY-ST-ZIP TITLE F ☐ Delete TITI F ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 effectute 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 another like efforward.

JULIE GOLDENBERG

FILED