2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003487

FILED Mar 18, 2005 Secretary of State

Entity Name: CYPRESS BEND NEIGHBORHOOD ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: 2180 W. SR 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 W. SR 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 57-1163389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W % SENTRY MANAGEMENT INC. 2180 W. SR 434, STE 5000 LONGWOOD, FL 327795044 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SHOEMAKER, JOHN B SNYDER, DEBORAH Name: Name: 4432 PARKWAY COMMERCE BLVD Address: 151 SOUTHHALL LN STE 200 Address: MAITLAND, FL 32751 City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: SD () Delete Title: (X) Change () Addition TRENT, SHARON Name: MARTIN, BRIAN Name: Address: 4432 PARKWAY COMMERCE BLVD Address: 151 SOUTHHALL LN STE 200 City-St-Zip: ORLANDO, FL 32808 City-St-Zip: MAITLAND, FL 32751 Title: VPD () Delete Title: SD (X) Change () Addition FANIEL, SYLVIA L BAKUN, MAREK Name: Name: 4432 PARKWAY COMMERCE BLVD 151 SOUTHHALL LN STE 200 Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: () Change (X) Addition Name: Name: COOPERMAN, WADE 9960 CYPRESS KNEE CIR Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: () Change (X) Addition MICARE, DENNIS P Name: Name: 10287 CYPRESS KNEE CIR Address: Address: ORLANDO, FL 32825 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBORAH SNYDER PD 03/18/2005