


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90255 003 \*\*\*\*61.25

**DOCUMENT # N03000006723**

1. Entity Name  
 CYPRESS PARK EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
~~7061 GRAND NATIONAL DRIVE SUITE 126~~  
 ORLANDO, FL 32819

Mailing Address  
 7061 GRAND NATIONAL DRIVE SUITE 126  
 ORLANDO, FL 32819

44006040

2. Principal Place of Business  
 7515 Kingspointe Pkwy  
 Suite, Apt. #, etc.  
 SUITE 9

3. Mailing Address  
 SAME  
 Suite, Apt. #, etc.



04192004 Chg-NP CR2E037 (10/03)

City & State  
 ORLANDO, FLORIDA

City & State

Zip  
 32819

Country  
 ORANGE

Zip

Country

4. FEI Number  
 86-1092020

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARVALHO, ENIO 518 LAKESCAPE COURT ORLANDO, FL 32828		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARVALHO, ENIO			NAME			
STREET ADDRESS	518 LAKESCAPE COURT			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARVALHO, ANA CELIA			NAME	CARVALHO, ANA CELIA		
STREET ADDRESS	518 LAKESCAPE COURT			STREET ADDRESS	518 LAKESCAPE CT		CHANGE TITLE
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP	ORLANDO FL 32828		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARVALHO, ELISA C			NAME			
STREET ADDRESS	518 LAKESCAPE COURT			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARVALHO, ERIC DAVID			NAME			
STREET ADDRESS	518 LAKESCAPE COURT			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: Enio Carvalho, Pres 4/20/04 407 363-0154  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #