

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007025 1. Entity Name OLD CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.	
--	---

Principal Place of Business 7991 SE ASARO STREET HOBE SOUND, FL 33455	Mailing Address 700 S BIRCH RD STE 2801 FORT LAUDERDALE, FL 33316
---	---

DO NOT WRITE IN THIS SPACE



01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOFFMAN, STEPHEN V ESQ. 1500 N FEDERAL HWY STE 200 FORT LAUDERDALE, FL 33304

DO NOT WRITE
IN THIS SPACE

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, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
---	---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT KOZEL, PAUL 100 S BIRCH RD STE 2801 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DOYLE, JOHN 7991 SE ASARO STREET HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ALEXANDER, RACHEL 7991 SE ASARO STREET HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000409831
 02/03/06-80012-012 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby 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 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.

SIGNATURE: Rachel Alexander 1/31/06 95449164403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #