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

## **FILED** Apr 20, 2007 8:00 am Secretary of State

04-20-2007 90092 024 \*\*\*\*61.25

## DOCUMENT # N03000009329

THE HOMEOWNERS' ASSOCIATION OF CYPRESS LAKES, INC.



Suite, Apt. #, etc.   Suite, Apt. #, etc.   03272007 Chg-NP CR2E037 (12/06)  City & State   Country   Zip   Country   5, Certificate of Status Desired   \$A.75 Acatisonal Fee Required  6. Name and Address of Current Registered Agent   7, Name and Address of New Registered Agent   7, Name and Addres								1		
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   O3272007	4315 PABLO OAKS COURT, STE 1			4315 P/	4315 PABLO OAKS COURT, STE 1				130 (BYIIRE RY COOL	
City & State  Country  Country  Country  Country  Country  Country  Stream And Address of Current Registered Agent  Name  -6. Name and Address of Current Registered Agent  Name  Stream Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Name  Stream Address of New Registered Agent  Name  Stream Address of New Registered Agent  Name  Stream Address of New Registered Agent  Name  Northia N Name and Address of New Registered Agent  Northia N Name  Northia N Name  Name  Name  Name  Name  Name  Name  Name  Name  Northia N Name  Name  Name  Name  Name  Name  Name  Name  Name  Northia N Name	Principal Place of Business - No P.O. Box # 3. Ma				ailing Address					
Zip Country Zip Country	Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			03272007 Chg-NP CR2E037 (12/0	6)	
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8,75 Actitional Fee Required   Fee Requir	City & State			City & State				00.4000000		
NORMAN, CYNTHIAN 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224  City FL Zip Code  FIlling Fee is \$61.25 Due by May 1, 2007  S. Election Campaign Financing Upon by May 1, 2007  S. Election Campaign Financing MCLEAN, MURPHY B JR  Grister Jackson Ville, FL 32224  TITLE  DP MCLEAN, MURPHY B JR  4315 PABLO OAKS COURT, STE 1 JACKSONVILLE, FL 32224  TITLE  NORMAN, CYNTHIAN  SIMET ADDRESS  GIT-51-Zip  TITLE  DV NORMAN, CYNTHIAN  SIMET ADDRESS  GIT-51-Zip  TITLE  DV NORMAN, CYNTHIAN  SIMET ADDRESS  GIT-51-Zip  Delete  TITLE  DV NORMAN, CYNTHIAN  SIMET ADDRESS  GIT-51-Zip  TITLE  DV NORMAN, CYNTHIAN  SIMET ADDRESS  GIT-51-Zip  TITLE  DV NORMAN, CYNTHIAN  SIMET ADDRESS  GIT-51-Zip  TITLE  DV NORMAN, CYNTHIA N  SIMET ADDRESS  GIT-51-Zip  TITLE  MAKE  SIMET ADDRESS  GIT-51-Zip  TITLE	Zip Country		Zip	Zip Cou			5 Cartificate of Status Desired   \$8.75 Additional			
NORMAN. CYNTHIAN 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224  City FL Zip Code  City FL Zip C		~6. Name	and Address of Current	Registered A	gent			7. Name and Address of New Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)  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 chilipations of registered agent.  SIGNATURE  Signature, speed or period name or registered agent and talk applicable. PIOTE Registered Agent applicance Agent applicance Agent applicance required when rehorishing and the first part of the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipation or registered agent, or both, in the State of Florida. I am familiar with, and accept the child part of the child		<b>V</b>		g		Name				
E. 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, types or private name or registered agent and titls if applicable.   (NOTE, Registered Agent signature resumed wher retraining)   DATE	4315 PABLO OAKS COURT					Street A	Street Address (P.O. Box Number is Not Acceptable)			
B. 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, types or printer name of repeased agent and tills if approache.   (NOTE Registered Agent signature required when reinstance)   DATE	JACKSON	IVILLE, FL	. 32224							
SIGNATURE    Signature, typed or printed name of registered agent and site if applicable.   INOTE: Registered Agent signature required when rentation()   DATE							FL			
Pilling Feo is \$61.25   Due by May 1, 2007   Pilling Feo is \$61.25   Due by May 1, 2007   Pilling Fund Contribution.   State Plants Fund Contribution.   State Plants Fund Contribution.   State Plants Fund Contribution.   Added to Fees   Make check payable to Florida Department of State	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.									
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    ITITE   DP   Delete   ITITE   AMBE   STREET ADDRESS   Addition    NAME   STREET ADDRESS   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    Change   Addition    NAME   STREET ADDRESS   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    Change   Addition    NAME   STREET ADDRESS   ADDRESS   Addition    NAME   STREET ADDRESS   ADDRESS    CITY-ST-ZIP   ADDRESS   ADDRESS    CITY-ST-ZIP   ADDRESS   ADDRESS    CITY-ST-ZIP    Change   Addition    NAME    STREET ADDRESS    CITY-ST-ZIP    CITY-ST-ZIP    CITY-ST-ZIP    CITY-ST-ZIP    CITY-ST	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
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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.

SIGNATU	IDE.
SIGNALC	INL.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

CYNTHIA N. NORMAN

904-242-0666