
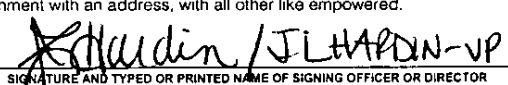


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90013 017 \*\*\*\*61.25

<b>DOCUMENT # N03000009329</b> 1. Entity Name <b>THE HOMEOWNERS' ASSOCIATION OF CYPRESS LAKES, INC.</b>					
Principal Place of Business <b>4315 PABLO OAKS COURT, STE 1 JACKSONVILLE, FL 32224</b>			Mailing Address <b>4315 PABLO OAKS COURT, STE 1 JACKSONVILLE, FL 32224</b>		
2. Principal Place of Business - No P.O. Box # <b>920 Third Street</b>		3. Mailing Address <b>920 Third Street</b>			
Suite, Apt. #, etc. <b>Suite B</b>		Suite, Apt. #, etc. <b>Suite B</b>			
City & State <b>Neptune Bch, FL</b>		City & State <b>Neptune Bch, FL</b>			
Zip <b>32266</b>		Country <b>USA</b>		4. FEI Number <b>20-1366863</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>NORMAN, CYNTHIA N 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224</b>			7. Name and Address of New Registered Agent Name <b>DENISE WALLACE</b> Street Address (P.O. Box Number Not Acceptable) <b>920 3RD STREET</b> <b>SUITE B</b> City <b>NEPTUNE BEACH</b> <b>FL</b> Zip Code <b>32266</b>		
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 				DATE <b>4-23-08</b>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	DP MCLEAN, MURPHY B JR 4315 PABLO OAKS COURT, STE 1 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST Lewis, Keri 4315 Pablo Oaks Court, Ste 1 Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST NORMAN, CYNTHIA N 4315 PABLO OAKS COURT, STE 1 JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HARDIN, JENNIFER 4315 PABLO OAKS CT STE 1 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date <b>04-21-08</b> Daytime Phone # <b>9044821100</b>		

60043134



04142008 Chg-NP CR2E037 (12/06)