2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



May 02, 2005 8:00 am Secretary of State 05-02-2005 90444 014 ****61.25

FILED

DOCUMENT	# N0400003458	
Fotity Name		

CYPRES: ASSOCIA	S POINT	E OF MACCLENN IC.	IY HOME	OWNERS								
4501 BEVERLY AVENUE 4501		Address BEVERLY AVENU DNVILLE, FL 322				ч о v -						
2. Principal P	lace of Busin	ness	3. Mailin	g Address								
Suite, Apt. #, etc. Suite		nite, Apt. #, etc.			04182005	Chg-NP	CR2E03	7 (10/03)				
City & State		City	City & State			4. FEI Number 54 - 20	453610)	<u> </u>	plied For of Applicable		
Zip	Zip Country Zip			-	Cou	untry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered	Agent			7. Name and Ad	Idress of New R	egistered A	gent		
ATLEE, KE		ENUE				Name Street Address	s (P.O. Box Number is	s Not Acceptable))	- .		
JACKSON												
						City			FL	Zip Cod	e	
	named entity tions of regist	y submits this statement for tered agent.	or the purpos	se of changing its	register	ed office or regist	tered agent, or both, i	in the State of Fid	rida. I am fa	amiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agen	t and title if applic	able. (NOTI	E: Registere	d Agent signature requir	red when reinstating)		DATE			
SIGNATURE	Filing Fe	or princed name of registered egen re is \$61.25 May 1, 2005	t and title if applic	9. Election Car Trust Fund C	npaign f	inancing	\$5.00 May Be Added to Fees	1	DATE ake check ida Depart			
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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 empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #