FILED
Apr 09, 2008 8:00 am
Secretary of State
04-09-2008 90030 045 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000007155

1. Entity Name
CYPRESS PRESERVE HOMEOWNERS' ASSOCIATION, INC

40062930

Principal Place of Business
1105 KESINGTON PARK DRIVE
ALTAMONTE SPRINGS, FL 32714

Mailing Address
1105 KESINGTON PARK DRIVE
ALTAMONTE SPRINGS, FL 32714

01162008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business No P.O. Box #
Suite, Apt #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

4. FEI Number
20-5413315
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WEBB, ROBIN
901 N LAKE DESTINY DR #110
MAITLAND, FL 32751

7. Name and Address of New Registered Agent
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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRITZ, MICHAEL 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714	☐ Delete	DVP Johannesmeyer, Jack 5337 Millenia Lakes Boulevard, Suite 160 Orlando, Florida 32839	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROWLETTE, ROBERT A JR 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714	☑ Delete	DST Alverson, Tammy 5337 Millenia Lakes Boulevard, Suite 160 Orlando, Florida 32839	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ALVERSON, TAMMY 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714	☑ Delete	ENTERED MAR 13 2008	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE