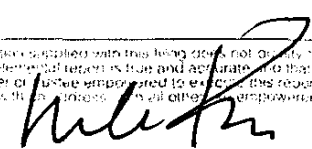


FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90030 045 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000007155		
1. Entity Name CYPRESS PRESERVE HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 1105 KESINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714		Mailing Address 1105 KESINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714
2. Principal Place of Business - In P.O. Box # Suite Apt. # etc.		3. Mailing Address Suite Apt. # etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 20-5413315		Applying For ☐ New Application
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 I, _____, President of the corporation, hereby authorize the agent and the registered agent to execute this report.		
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		
NAME STREET ADDRESS CITY, ST, ZIP	PD ☐ Delete FRITZ, MICHAEL 1105 KESINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME STREET ADDRESS CITY, ST, ZIP	VPD ☒ Delete ROWLETTE, ROBERT A JR 1105 KESINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY, ST, ZIP DVP Johannesmeyer, Jack 5337 Millenia Lakes Boulevard, Suite 160 Orlando, Florida 32839
NAME STREET ADDRESS CITY, ST, ZIP	STD ☒ Delete ALVERSON, TAMMY 1105 KESINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY, ST, ZIP DST Alverson, Tammy 5337 Millenia Lakes Boulevard, Suite 160 Orlando, Florida 32839
NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☒ Add
NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Add
NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Add
NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Add
12. I hereby certify that the information supplied with this filing does not deviate 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 at a have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or officer empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11, or changes or no additional agent with this process, in all other circumstances.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		