

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 09, 2006  
Secretary of State**

DOCUMENT# N15628

**Entity Name:** THE VILLAGES AT CYPRESS CREEK MASTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1207 N. HIMES AVE.  
SUITE 3  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

1207 N. HIMES AVE.  
SUITE 3  
TAMPA, FL 33607 US

**New Mailing Address:**

**FEI Number:** 59-2805992      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

UNIQUE PROPERTY SERVICES INC  
1207 N. HIMES AVE.  
SUITE 3  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MILLER, MICHAEL  
Address: 3634 GAVIOTA DRIVE  
City-St-Zip: RUSKIN, FL

Title: VPD ( ) Delete  
Name: HEREFORD, FRANCES  
Address: 3623 GAVIOTA DR.  
City-St-Zip: RUSKIN, FL 33573 US

Title: D ( ) Delete  
Name: LEWIS, MARCY  
Address: 11111 BISCAYNE BLVD PENTHOUSE 52  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MILLER

PD

05/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date