


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90043 041 \*\*\*\*61.25

<b>DOCUMENT # N31336</b>					
1. Entity Name CYPRESS RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 560 NORTH CYPRESS DR. TEQUESTA, FL 33469 US			Mailing Address P.O. BOX 3055 JUPITER, FL 33469 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2716759	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		01122005 Chg-NP CR2E037 (10/03)			
Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOFGREN, STEPHEN K 560 NORTH CYPRESS DR. TEQUESTA, FL 33469			Name <u>R. E. HAMILTON</u> Street Address (P.O. Box Number is Not Acceptable) <u>522 CYPRESS CT</u> City <u>TEQUESTA</u> FL Zip Code <u>33469</u>		
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 <u>R. E. HAMILTON</u>		<u>R. E. Hamilton</u>		SECRETARY 3/24/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reconstituting)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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	PTD <input type="checkbox"/> Delete	TITLE	DSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFGREN, STEPHEN K	NAME	HAMILTON, R.E.		
STREET ADDRESS	560 N CYPRESS DR.	STREET ADDRESS	522 CYPRESS CT		
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP	TEQUESTA, FL 33469		
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ISLEIB, JOHN J	NAME	MILMAN, MARC		
STREET ADDRESS	BOX 3055	STREET ADDRESS	585 CYPRESS DR		
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP	TEQUESTA, FL 33469		
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	DROLET, ROGER	NAME			
STREET ADDRESS	BOX 3055	STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP			
TITLE	<del>DS</del> <input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
SIGNATURE: <u>R. E. Hamilton</u>		<u>R. E. HAMILTON</u>		<u>3/24/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <u>561-746-1903</u>	