

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31336

FILED
Mar 02, 2007
Secretary of State

Entity Name: CYPRESS RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

560 NORTH CYPRESS DR.
TEQUESTA, FL 33469 US

New Principal Place of Business:

579 NORTH CYPRESS DRIVE
TEQUESTA, FL 33469 US

Current Mailing Address:

P.O. BOX 3055
JUPITER, FL 33469 US

New Mailing Address:

FEI Number: 59-2716759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, R E
522 CYPRESS CT
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

WILSON, JENNIFER A
579 NORTH CYPRESS DRIVE
TEQUESTA, FL 33469 US

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: JENNIFER A. WILSON 03/02/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DSD () Delete
Name: HAMILTON, R E
Address: 522 CYPRESS CT
City-St-Zip: TEQUESTA, FL 33469

Title: VPD () Delete
Name: MILMAN, MARC
Address: 585 CYPRESS DR
City-St-Zip: TEQUESTA, FL 33469

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSD (X) Change () Addition
Name: WILSON, JENNIFER A
Address: 579 NORTH CYPRESS DRIVE
City-St-Zip: TEQUESTA, FL 33469

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

Title: PD () Change (X) Addition
Name: DUNTEMAN, KIRK
Address: 529 CYPRESS CT
City-St-Zip: TEQUESTA, FL 33469

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: JENNIFER A. WILSON DSD 03/02/2007

Electronic Signature of Signing Officer or Director Date