2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39059

FILED Apr 03, 2007 Secretary of State

Entity Name: CYPRESS WOODS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O BANYAN PROPERY MANAGEMENT SERVICES, IN 2328 S CONGRESS AVE, SUITE 1C WEST PALM BEACH, FL 33406 **New Mailing Address: Current Mailing Address:** C/O BANYAN PROPERY MANAGEMENT SERVICES, IN 2328 S CONGRESS AVE, SUITE 1C WEST PALM BEACH, FL 33406 FEI Number: 65-0299532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BACKER LAW FIRM, P.A. 400 S. DIXIE HIGHWAY SUITE 420 BOCA RATON, FL 33432 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition VICO, TARA KUPERMAN, PETER Name: Name: 3865 CYPRESS LAKE DR Address: 8664 VISTA GREEN CT Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: Title: () Delete (X) Change () Addition LAVA, ADAM S Name: RIVERA, RAY Name: Address: 3764 CYPRESS LAKE DR Address: 8682 VISTA GREEN CT City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: TD (X) Change () Addition LAIRSEY, CLAY BUELL, ROBERT Name: Name: Address: 3685 CYPRESS LAKE DR Address: 8652 VISTA GREEN CT City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: PD () Change (X) Addition Name: Name: JOHNSON, PATRICIA Address: Address: 3726 ROYAL CYPRESS WAY City-St-Zip: City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: VD () Change (X) Addition RADKE, SHAWN Name: Name: 3768 CYPRESS LAKES DR Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33467

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: PATRICIA JOHNSON PD 04/03/2007