


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90213 046 \*\*\*\*61.25

**DOCUMENT # N50757**

1. Entity Name  
 CYPRESS CREEK HOMEOWNERS ASSOCIATION OF BREVARD, INC.



Principal Place of Business  
 1617 COLLING AVENUE  
 MELBOURNE, FL 32935

Mailing Address  
 1617 COLLING AVENUE  
 MELBOURNE, FL 32935

**94073605**



2. Principal Place of Business  
 1617 COLLING AVENUE  
 Suite, Apt. #, etc.

3. Mailing Address  
 1617 COLLING AVENUE  
 Suite, Apt. #, etc.

03232004 Chg-NP CR2E037 (10/03)

City & State  
 MELBOURNE, FL

City & State  
 MELBOURNE, FL

Zip  
 32935

Country  
 US

4. FEI Number  
 65-0388677

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:  
 AGENT, DANIEL  
 1617 COLLING AVENUE  
 MELBOURNE, FL 32935

7. Name and Address of Now Registered Agent:  
 Name: SPACE COAST PROPERTY MANAGEMENT  
 Street Address (P.O. Box Number is Not Acceptable): 1617 COLLING AVENUE  
 City: MELBOURNE FL Zip Code: 32935

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: *Cynthia Mars* (Cynthia Mars) 4/29/04  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPIONE, BEN 5160 RED BAY LANE GRANT, FL 32949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KURT STAFFLINGER 1570 JENSON TERRACE S.E. PALM BAY, FL 32909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAREFIELD, GARY 5246 CYPRESS CREEK DR GRANT, FL 32949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAIRE ZORYK 3630 PAINTED BUNTING PL. GRANT, FL 32949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROCCOGRANDE, ANTHONY 5628 CYPRESS CREEK DRIVE GRANT, FL 32949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STAFFLINGER, KURT 1570 JENSON TERRACE SE PALM BAY, FL 32909 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KATHY CAMPIONE 5160 RED BAY LANE GRANT, FL 32949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALOSKI, LINDA 3361 FICUS PLACE GRANT, FL 32949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Claire Zoryk* 4/22/04 321-409-9911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Claire Zoryk