


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