


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90156 008 ****61.25

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|--|--------------------------|---|---|--|--|
| DOCUMENT # N50757 | | | |  | |
| 1. Entity Name CYPRESS CREEK HOMEOWNERS ASSOCIATION OF BREVARD, INC. | | | | | |
| Principal Place of Business 1617 COOLING AVENUE MELBOURNE, FL 32935 | | Mailing Address 1617 COOLING AVENUE MELBOURNE, FL 32935 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0388677 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 8. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SPACE COAST PROPERTY MANAGEMENT 1617 COOLING AVENUE MELBOURNE, FL 32935 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) 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 | PD | <input checked="" type="checkbox"/> Delete | TITLE | D.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STAFFLINGER, KURT | | NAME | Scott Sprunger | |
| STREET ADDRESS | 1570 JENSON TERRACE SE | | STREET ADDRESS | 5583 Loblolly Place | |
| CITY-ST-ZIP | PALM BAY, FL 32909 | | CITY-ST-ZIP | Grant, FL 32949 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | D.V.P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZORYK, CLAIRE | | NAME | Linda Kaloski | |
| STREET ADDRESS | 3630 PAINTED BUNTINGPL | | STREET ADDRESS | 3661 Ficus Pl | |
| CITY-ST-ZIP | GRANT, FL 32949 | | CITY-ST-ZIP | Grant FL 32949 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete | TITLE | D.S. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROCCOGRANDE, ANTHONY | | NAME | Nona Swann | |
| STREET ADDRESS | 5628 CYPRESS CREEK DRIVE | | STREET ADDRESS | 5610 Aster Place | |
| CITY-ST-ZIP | GRANT, FL 32949 | | CITY-ST-ZIP | Grant, FL 32949 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CAMPIONE, KATHY | | NAME | Leo D'Aguiar | |
| STREET ADDRESS | 5160 RED BAY LANE | | STREET ADDRESS | 3346 Mazur Dr. | |
| CITY-ST-ZIP | GRANT, FL 32949 | | CITY-ST-ZIP | Melbourne, FL 32901 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KALOSKI, LINDA | | NAME | | |
| STREET ADDRESS | 3361 FICUS PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | GRANT, FL 32949 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Walter Bays</i> | | | 4/21/05 321-409-9911 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |