


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90410 016 \*\*\*\*61.25

**DOCUMENT # N50757**

1. Entity Name  
**CYPRESS CREEK HOMEOWNERS ASSOCIATION OF MELBOURNE INC.**



*C/O* - *C/O*  
 Space Coast Property Management  
 645 Classic Court, Suite 104  
 Melbourne, FL 32940

4000000

2. Principal Place of Business  
 Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address  
 Suite, Apt. #, etc. City & State Zip Country

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  
**SPACE COAST PROPERTY MANAGEMENT**  
~~1017 COOLING AVENUE~~  
**MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent  
 Space Coast Property Management  
 645 Classic Court, Suite 104  
 Melbourne, FL 32940

Zip Code **L**

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, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **MARK JACKSON** *3/2/2006*  
 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, 2006**

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	DP SPRUNGER, SCOTT 5583 LOBLOLLY PLACE GRANT, FL 32949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Sprunger, Scott 5583 Loblolly Place GRANT, FL 32949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KOLOSKI, LINDA 3661 FICUS PL GRANT, FL 32949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Koloski, Linda 3661 Ficus Pl GRANT, FL 32949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SUSAN, NONA 5610 ASTER PLACE GRANT, FL 32949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. ZORYK, CLAIRE 3630 Painted Bunting Pl GRANT, FL 32949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AGUIAR, LEO 3340 MAZUR DR MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Dragon, Kelley 5633 Cypress Creek Drive GRANT, FL 32949 <input type="checkbox"/> Change <input checked="" 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
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 exemptions contained 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 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* **CLAIRE ZORYK** *4/17/06* **4/17/06** *321-409-9911*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #