

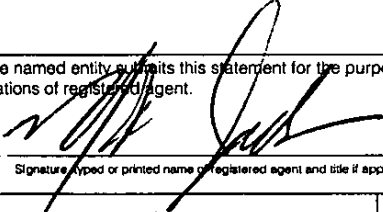



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90418 023 \*\*\*\*61.25

<b>DOCUMENT # N50757</b>					
<b>1. Entity Name</b> CYPRESS CREEK HOMEOWNERS ASSOCIATION OF BREVARD, INC.					
<b>Principal Place of Business</b> C/O SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC COURT STE 104 MELBOURNE, FL 32940		<b>Mailing Address</b> C/O SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC COURT STE 104 MELBOURNE, FL 32940			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042007 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 65-0388677				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC COURT STE 104 MELBOURNE, FL 32940			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE 		MARK JACKSON (NOTE: Registered Agent signature required when reinstating)		4/24/07 DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRUNGER, SCOTT		NAME	Ruohomaki, Davin	
STREET ADDRESS	5583 LOBLOLLY PLACE		STREET ADDRESS		
CITY-ST-ZIP	GRANT, FL 32949		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLOSKI, LINDA		NAME		
STREET ADDRESS	3661 FICUS PL		STREET ADDRESS		
CITY-ST-ZIP	GRANT, FL 32949		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZORYK, CLAIRE		NAME	Kolar, Lisette	
STREET ADDRESS	3630 PAINTED BUNTING PL		STREET ADDRESS	5180 Red Bay Lane	
CITY-ST-ZIP	GRANT, FL 32949		CITY-ST-ZIP	Grant, FL 32949	
TITLE	S G	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAYON, KELLEY		NAME		
STREET ADDRESS	5633 CYPRESS CREEK DR		STREET ADDRESS		
CITY-ST-ZIP	GRANT, FL 32949		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gumbart, Jack	
STREET ADDRESS			STREET ADDRESS	5691 Cypress Creek Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Grant, FL 32949	
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		
<b>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.</b>					
SIGNATURE: 		Linda L. Kaloski SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/1/07 351837062 Date Daytime Phone #	