


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90053 044 ****61.25

DOCUMENT # N50757

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



Principal Place of Business
 C/O SPACE COAST PROPERTY MANAGEMENT
 645 CLASSIC COURT STE 104
 MELBOURNE, FL 32940

Mailing Address
 C/O SPACE COAST PROPERTY MANAGEMENT
 645 CLASSIC COURT STE 104
 MELBOURNE, FL 32940

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip

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
 645 CLASSIC COURT STE 104
 MELBOURNE, FL 32940

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	VP RUOHOMAKI, DAVIN 5583 LOBLOLLY 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	DP KOLOSKI, LINDA 3661 FICUS PL 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	T KOLAR, LISETTE 5180 RED BAYLANE GRANT, FL 32949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAGON, KELLEY 5633 CYPRESS CREEK DR GRANT, FL 32949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTIN GRIFFON 3651 PAINTED BUNTING PL GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUMBART, JACK 5691 CYPRESS CREEK DR GRANT, FL 32949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEVE BARBA 3641 FICUS PLACE GRANT, FL 32949
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: *Clare Galt* **3/12/08 321-409-9911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #