2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90032 032 ****61.25

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01072005 Chg-NP CR2E037 (10/03)

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1. Entity Name
CYPRESS ISLE ESTATES AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1560 FLAGLER PKWY WEST PALM BEACH, FL 33411 US	1560 FLAGLER PKWY WEST PALM BEACH, FL 33411 US

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 65-0417235 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARBARA, DAVIS N 107 HERON PARKWAY ROYAL PALM BCH.,, FL 33411	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 _____
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, 2005

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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCMILLEN, DOUGLAS	NAME	
STREET ADDRESS	1719 CYPRESS ROW DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAHONEY, JOHN	NAME	
STREET ADDRESS	1154 BREAKERS WEST BLVDS	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALLENSON, RICHARD	NAME	
STREET ADDRESS	1712 CYPRESS ROW DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIS, BARBARA	NAME	
STREET ADDRESS	107 HERON PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: Barbara Davis 1/12/05 561-653-6306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #