


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90015 037 ****61.25

DOCUMENT # N93000001232

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

107 Heron Parkway
 Suite, Apt. #, etc.


107 Heron Parkway
 Suite, Apt. #, etc.

City & State City & State

Royal Palm Beach, Fl. Royal Palm Beach, Fl.

Zip Country Zip Country

33411 Palm Beach 33411 Palm Beach



1st MOORE CR2E037 (10/05)

4. FEI Number Applied For

65-0417235 Not Applicable

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

6. Name and Address of Current Registered Agent

BARBARA, DAVIS N
107 HERON PARKWAY
ROYAL PALM BCH., FL 33411

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCMILLEN, DOUGLAS	
STREET ADDRESS	1719 CYPRESS ROW DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAHONEY, JOHN	
STREET ADDRESS	1154 BREAKERS WEST BLVDS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALLENSON, RICHARD	
STREET ADDRESS	1712 CYPRESS ROW DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BARBARA	
STREET ADDRESS	107 HERON PARKWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Barbara Davis* 6/23/06 561-795-1544