2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

DOCUMENT # N9300001232 1. Entity Name CYPRESS ISLE ESTATES AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.				03-	-19-2007 90092 050 ****6	1.25
Principal Place 107 HERON WEST PALM (Mailing Address 107 HERON PKWY WEST PALM BEACH, FL 33	411 US	1.4883183 818 19164 1	201 AWIN BEN BEN FEN BEN NAM NEED NING K	BIIO: EI ISEI
2. Principal P	ANA (I MINT HELD)	3. Mailing Address Suite, Apt. #, etc.	<u>ANAGEMEN</u>	1	g-NP CR2E037 (12/06)	
City & State	S PAY LANCE PARMS KILL	City & State	L FAVMS 19	4. FEI Number 65-0417235	Aţ	pplied For ot Applicable
2ip 321/16	Country	Zip 32VIV	Country	5. Certificate of Sta	\$8.75 Add	ditional
J.7917	6. Name and Address of Current R	egistered Agent	1	7. Name and Addre	ess of New Registered Agent	
BARBARA			Name /	WSaml =	JOHN	
107 HERO	N PARKWAY ALM BCH.,, FL 33411		Sirder Addres	s (PO. Box Number is N	of Acceptable) ASL MINH IN	
			1.3461-1	B'FAY LANK	FARMS RD	
			City	lincton	FL Za G	114
	named entity upon ts this statement for ions of registering tent.	he purposé of changing its regi	stered office or regis	stered agent, or both, in the	ne State of Florida. I am familiar with	, and accept
SIGNATURA						
()	Signature, typed or purified fame of registered agent an	d title if applicable. (NOTE Reg	istered Agent signature requ	uiled when reinstitling)	DATE	
<u> </u>	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaig Trust Fund Contr	gn Financing	\$5.00 May Be Added to Fees	DATE Make check payable t Florida Department of S	
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10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Campai Trust Fund Contr	gn Financing ibution. 11.	\$5.00 May Be Added to Fees	Make check payable t Florida Department of S	tate
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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 report 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. of the corporation or the receive changed, or on an attachment

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD ALLENSON ISMAR 2007 561.333.9074