
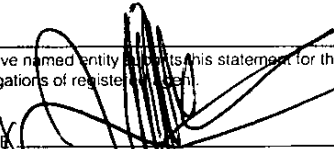
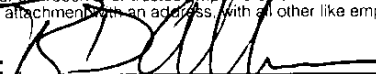


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-19-2007 90092 050 ****61.25

DOCUMENT # N93000001232			
1. Entity Name CYPRESS ISLE ESTATES AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 107 HERON PKWY WEST PALM BEACH, FL 33411 US		Mailing Address 107 HERON PKWY WEST PALM BEACH, FL 33411 US	
2. Principal Place of Business - No P.O. Box # Wellington Management 3461-B Fairlane Farms Rd Wellington FL 33414		3. Mailing Address/ Wellington Management 3461-B Fairlane Farms Rd Wellington FL 33414	
4. FEI Number 65-0417235		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: Newsome John Street Address (P.O. Box Number is Not Acceptable): Wellington Management, Inc. 3461-B Fairlane Farms Rd City: Wellington FL Zip Code: 33414	
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: _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	NAME: MCMILLEN, DOUGLAS	TITLE:	NAME:
STREET ADDRESS: 1719 CYPRESS ROW DR	CITY-ST-ZIP: WEST PALM BEACH, FL 33411	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: VPD	NAME: MAHONEY, JOHN	TITLE:	NAME:
STREET ADDRESS: 1154 BREAKERS WEST BLVDS	CITY-ST-ZIP: WEST PALM BEACH, FL 33411	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: ST	NAME: ALLENSON, RICHARD	TITLE:	NAME:
STREET ADDRESS: 1712 CYPRESS ROW DR	CITY-ST-ZIP: WEST PALM BEACH, FL 33411	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D	NAME: DAVIS, BARBARA	TITLE:	NAME:
STREET ADDRESS: 107 HERON PARKWAY	CITY-ST-ZIP: WEST PALM BEACH, FL 33411	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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:  RICHARD ALLENSON		Date: 15 MAR 2007 561.333.9074	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	