


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90171 013 \*\*\*\*61.25

<b>DOCUMENT # N93000001232</b>					
1. Entity Name CYPRESS ISLE ESTATES AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business WELLINGTON MANAGEMENT 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 US		Mailing Address WELLINGTON MANAGEMENT 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0417235	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEWSOME, JOHN WELLINGTON MANAGEMENT, INC 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAHONEY, JOHN	NAME	UP Sharon Casey		
STREET ADDRESS	1154 BREAKERS WEST BLVDS	STREET ADDRESS	1162 Breakers West Blvd		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	CITY-ST-ZIP	West Palm Beach, FL 33411		
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



04142008 Chg-NP CR2E037 (12/06)

**\$8.75 Additional Fee Required**

**FL**

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:** Sharon Casey - V.P. 4/25/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #