
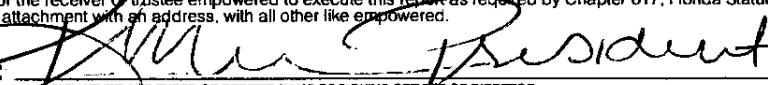


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90717 023 ****61.25

DOCUMENT # N93000003127					
1. Entity Name CYPRESS HOLLOW ASSOCIATION, INC.,					
Principal Place of Business 951 BROKEN SOUND PKWY., SUITE 250 BOCA RATON, FL 33487			Mailing Address 951 BROKEN SOUND PKWY., SUITE 250 BOCA RATON, FL 33487		
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 65-0425384	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COMMUNITY ASSOCIATION SERVICES, INC. 951 BROKEN SOUND PWY SUITE 250 BOCA RATON, FL 33487				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, 2004		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	SD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARR, MICHELLE		NAME	MIRSKY, KEN	
STREET ADDRESS	6429 NW 51ST ST.		STREET ADDRESS	6501 NW 54 COURT	
CITY-ST-ZIP	LAUDERHILL, FL 33067		CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRSKY, KEN		NAME	MAHERAS, GEORGE	
STREET ADDRESS	6501 NW 54TH COURT		STREET ADDRESS	5109 NW 66 AVE	
CITY-ST-ZIP	LAUDERHILL, FL		CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THALER, RICHARD		NAME	THALER, RICHARD	
STREET ADDRESS	5117 NW 65TH AVE.		STREET ADDRESS	5117 NW 65 AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33067		CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHERAS, GEORGE		NAME	HAUGG, ERIC	
STREET ADDRESS	5109 NW 66TH AVE		STREET ADDRESS	6429 NW 51 ST	
CITY-ST-ZIP	LAUDERHILL, FL 33319		CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENFROW, BETH		NAME	LASCARI, MAGGIE	
STREET ADDRESS	5116 NW 66TH AVE.		STREET ADDRESS	5301 NW 55 AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33067		CITY-ST-ZIP	LAUDERHILL, FL 33319	
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		
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: 			Date: 4/28/04		Daytime Phone #: 5619941700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					