


- 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

07-16-2007 90122 044 ****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
--	--

66021299



07102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0425384	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

COMMUNITY ASSOCIATION SERVICES, INC.
 951 BROKEN SOUND PWY
 SUITE 250
 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAUGG, ERIC 6429 NW 51ST ST. LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAOLETTI, KENNETH 6429 NW 52 CT LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, ANTHONY 6424 NW 52ND CT LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD MAHERAS, GEORGE 5109 NW 68TH AVE LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD LASCARI, MAGGIE 5301 NW 55 AVE FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Maggie Lascari Date: 8/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #