


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90011 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**



2. Principal Place of Business - No P.O. Box #
1901 S. CONGRESS AVE

3. Mailing Address
1901 S. CONGRESS AVE

Suite, Apt. #, etc.
480

05072008 Chg-NP CR2E037 (12/06)

City & State
BOYNTON BEACH, FL

City & State
BOYNTON BEACH, FL

Zip
33426

Country
US

4. FEI Number
65-0425384

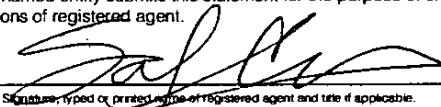
Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**COMMUNITY ASSOCIATION SERVICES, INC.
 951 BROKEN SOUND PWY
 SUITE 250
 BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent
 Name
CAS REALTY MANAGEMENT LLC
 Street Address (P.O. Box Number is Not Acceptable)
1901 S. CONGRESS AVE STE 480
 City
BOYNTON BEACH FL Zip Code
33426

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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  DATE **5/1/08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	TD HAUGG, ERIC 6429 NW 51ST ST. LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAOLETTI, KENNETH 6429 NW 52 CT LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, ANTHONY 6424 NW 52ND CT LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD MAHERAS, GEORGE 5109 NW 66TH AVE LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP MAHERAS, GEORGE 5109 NW 66TH AVE LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD LASCARI, MAGGIE 5301 NW 55 AVE FORT LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P LASCARI, MAGGIE 5301 NW 55 AVE LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR