



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90167 026 ****61.25

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DOCUMENT # N94000000436					
1. Entity Name THE CYPRESS PARK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 622 E WASHINGTON STREET SUITE 300 ORLANDO, FL 32801			Mailing Address 622 E WASHINGTON STREET SUITE 300 ORLANDO, FL 32801		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEAN MEAD SERVICES, LLC 800 N MAGNOLIA AVENUE SUITE 1500 ORLANDO, FL 32803-2346				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK, SUZANNE B		NAME		
STREET ADDRESS	9862 COUNTY ROAD 170		STREET ADDRESS		
CITY-ST-ZIP	WESTCLIFFE, CO 81252		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK, WILLIAM I		NAME	JACK WILLIAM I	
STREET ADDRESS	9862 COUNTY ROAD 170		STREET ADDRESS	9862 COUNTY RD 170	
CITY-ST-ZIP	WESTCLIFFE, CO 81252		CITY-ST-ZIP	WESTCLIFFE, CO 81252	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLEY, STEPHEN J		NAME		
STREET ADDRESS	8256 EXCHANGE DR STE 234		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPP, KEN L		NAME		
STREET ADDRESS	390 N ORANGE AVE STE 1875		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MATTHEW E		NAME		
STREET ADDRESS	7001 LAKE ELLENOR DR #100		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, REBECCA		NAME		
STREET ADDRESS	3424 PEACHTREE RD NE #300		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30326		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: 			Matthew E. Sullivan 4/29/05 407-843-1723		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		