2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N9400003199

CYPRESS LAKE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% 2226 CYPRESS KNEE LOOP KISSIMMEE, FL 34743 US

% 2226 CYPRESS KNEE LOOP KISSIMMEE, FL 34743

FILED Jul 10, 2006 08:00 AN Secretary of State



07052006 No Chg-NP

CR2E037 (4/06)

	Number 5-0520017		_	Applied For Not Applicable
5 . Ce	rtificate of Status Desired	\$8.7	5	Additional

6. Name and Address of Current Registered Agent

NOGUEIRAS, MAGALY F CAML WATSON REALTY CORP - 1663 E. VINE ST. * SUITE 220 KISSIMMEE, FL, FL 34744

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 1 am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
	Signature, typed or printed name of registered agent and title	e if applicable (NOTE: Registered	port signature required when reinstating) DATE					
	Filing Fee is \$61.25 ue by September 6, 2006	Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	1100000568859 n7/11/06-80002-024_61_25				
10.	OFFICERS AND DIRE	CTORS	4 4 4 4					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEON, EDGARDO 2325 WATER VIEW LOOP KISSIMMEE, FL 34743		The second of the second of					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FISHER, STEPHEN 2184 CYPRESS BAY BLVD KISSIMMEE, FL 34743 -							
TITLE NAME STREET ADDRESS CHY-ST-ZIP	STY ROCIO, BEDOYA 2218 CYPRESS KNEE LOOP KISSIMMEE, FL 34743		DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCOVICH, RICARDO 2323 WATER VIEW LOOP KISSIMMEE, FL 34743		in.	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, TANYA 2234 CYPRESS KNEE LOOP KISSIMMEE, FL 34743		· · · · · · · · · · · · · · · · · · ·	en de la graphica de la companya de				
TITLE			2 30 to 30 t	文·罗泽维斯·维尔 (1) 《 (1) 图 (2) 图 (2)				

12. I hereby certify that the information supplied with this filling 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 affect 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:	Magaie	
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #