

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90108 029 ****61.25

DOCUMENT # N94000003199
 1. Entity Name
 CYPRESS LAKE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
 % 2226 CYPRESS KNEE LOOP
 KISSIMMEE, FL 34743 US

Mailing Address
 475 W TOWN PLACE
 # 100
 SAINT AUGUSTINE, FL 32092 US

50002569



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03072008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 65-0520017

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SEVERN TRENT SERVICES, INC.
 475 W TOWN PLACE
 # 100
 SAINT AUGUSTINE, FL 32092

7. Name and Address of New Registered Agent
 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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAYEL, WILLIAM	
STREET ADDRESS	2347 WATERVIEW LOOP	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARCOVICH, RICARDO	
STREET ADDRESS	2323 WATERVIEW LOOP	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	STY	<input type="checkbox"/> Delete
NAME	VASQUEZ, ANA	
STREET ADDRESS	2170 CYPRESS BAY BLVD	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VASQUEZ, ALICEA	
STREET ADDRESS	2362 WATERVIEW LOOP	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACEDO, IZZY	
STREET ADDRESS	2112 CYPRESS BAY BLVD	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		

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 # 407-344-4617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR