

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000000699**  
 1. Entity Name  
 CYPRESS RIDGE CENTER OWNERS' ASSOCIATION, INC.



Principal Place of Business: 22 REGINA BLVD. BEVERLY HILLS, FL 34465  
 Mailing Address: 22 REGINA BLVD. BEVERLY HILLS, FL 34465



**DO NOT WRITE IN THIS SPACE**

04152005 No Chg-NP CR2E037 (10/03)  
 4. FEI Number: 59-3315131 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MAGYAR, CARL W  
 22 REGINA BLVD.  
 BEVERLY HILLS, FL 34465

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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: \_\_\_\_\_  
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 May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAGYAR, CARL W
STREET ADDRESS	22 REGINA BLVD.
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	D
NAME	MAGYAR, MARDENE E
STREET ADDRESS	22 REGINA BLVD.
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	D
NAME	PRICE, PHILLIP W
STREET ADDRESS	753 N. CITRUS AVE.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000321965  
 04/21/05-80100-001 61.25  
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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: Carl W. Magyar Date: 4/20/05 Daytime Phone #: 352-527-8585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR