

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2008  
Secretary of State**

DOCUMENT# N95000000699

Entity Name: CYPRESS RIDGE CENTER OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

22 REGINA BLVD.  
BEVERLY HILLS, FL 34465

**New Principal Place of Business:**

**Current Mailing Address:**

22 REGINA BLVD.  
BEVERLY HILLS, FL 34465

**New Mailing Address:**

FEI Number: 59-3315131      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGYAR, CARL W  
22 REGINA BLVD.  
BEVERLY HILLS, FL 34465      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MAGYAR, CARL W  
Address: 22 REGINA BLVD.  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D      (X) Delete  
Name: MAGYAR, MARDENE E  
Address: 22 REGINA BLVD.  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D      ( ) Delete  
Name: PRICE, PHILLIP W  
Address: 753 N. CITRUS AVE.  
City-St-Zip: CRYSTAL RIVER, FL 34423

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL W. MAGYAR

D

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date