

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90004 001 ****61.25

DOCUMENT # N95000003704 1. Entity Name CYPRESS PINES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 350 HOMESTEAD ROAD SOUTH 1 LEHIGH ACRES, FL 33936 US			Mailing Address 350 HOMESTEAD ROAD SOUTH 1 LEHIGH ACRES, FL 33936 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 352 HOMESTEAD RD. South Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0397136			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JOANN LANDES-ROSS 20037 PETRUDE CIRCLE LEHIGH ACRES, FL 33936			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD KOEING, PHILLIP 19930 LAKE VISTA CIRCLE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LANDES-ROSS, JOANN 20037 PETRUEKA CIRCLE LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANDES-ROSS, JOANN 20037 PETRUEKA CIRCLE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KOEING, PHILLIP 19930 LAKE VISTA CIRCLE LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLSON, JUDY 19990 LAKE VISTA CIRCLE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HAMILTON, HOWARD 19976 LAKE VISTA CIRCLE LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUNBY, CANDACE 19894 LAKE VISTA CIRCLE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HAMILTON, HOWARD 19976 LAKE VISTA CIRCLE LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, SAMMY 19975 PETRUEKA CIRCLE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HAMILTON, HOWARD 19976 LAKE VISTA CIRCLE LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRICK, JERE 350 HOMESTEAD ROAD S LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HAMILTON, HOWARD 19976 LAKE VISTA CIRCLE LEHIGH ACRES, FL 33936	
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: <u>Judy Olson</u> (JUDY OLSON) <u>TREASURER</u> 2-16-04 239-303-7254 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					