


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90077 042 ****61.25

DOCUMENT # N97000005638

1. Entity Name
 CYPRESS PRESERVE ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 4419 WOODFIELD BOULEVARD
 BOCA RATON, FL 33434 US

Mailing Address
 4419 WOODFIELD BOULEVARD
 BOCA RATON, FL 33434 US

50015310



2. Principal Place of Business
 602 South Lake Dr.

3. Mailing Address
 602 South Lake Dr.

Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State
 LANTANA, FL

City & State
 Lantana FL.

Zip
 33462

Country
 USA

4. FEI Number
 65-0840264

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 33462
 BALLBE, CARLOS J
 2201 WEST PROSPECT ROAD
 SUITE 100
 FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

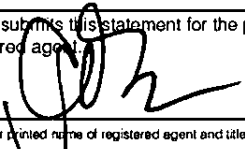
Name

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  DATE 2/8/05

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	BALLBE, CARLOS J
STREET ADDRESS	602 SOUTH LAKE DRIVE
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D <input type="checkbox"/> Delete
NAME	BALLBE, MARY C CONWAY
STREET ADDRESS	602 SOUTH LAKE DRIVE
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS, RALPH
STREET ADDRESS	4250 N.W. 30 STREET
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 reports 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 2/8/05 954.489.9801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR