2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001459

FILED Mar 23, 2006 Secretary of State

Entity Name: CYPRESS PRESERVE OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

FEI Number: 59-3568442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WEAVER, BILL MORSE, CHUCK Name: Name: 8933 CYPRESS PRESERVE PLACE Address: 8837 CYPRESS PRESERVE PLACE Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

Title: () Delete Title: () Change () Addition SPIEGEL, ELENA Name: Name:

Address: 8928 CYPRESS PRESERVE PLACE Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip:

Title: DS () Delete Title: SD (X) Change () Addition COLOMBO, CAROL KNAPP, CHERYL Name: Name:

8816 CYPRESS PRESERVE PLACE Address:

8801 CYPRESS PRESERVE PLACE Address:

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

() Delete Title: Title: TD (X) Change () Addition Name: PROCE, JIM Name: PROCE, JIM

8825 CYPRESS PRESERVE PLACE 8825 CYPRESS PRESERVE PLACE Address: Address:

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

Title: () Delete Title: (X) Change () Addition

SANDLER, LINDA SANDLER, LINDA Name: Name:

8888 CYPRESS PRESERVE 8888 CYPRESS PRESERVE PL Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA SANDLER PD 03/23/2006