

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 29, 2004
Secretary of State**

DOCUMENT# N99000003089

Entity Name: CYPRESS SPRINGS VILLAGE S HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE. 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
STE. 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3681519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 W. SR 434, STE. 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: CRAWFORD, TERRENCE
Address: 2400 CYPRESS TRACE CIR
City-St-Zip: ORLANDO, FL 32825

Title: VPD () Delete
Name: CLIFFORD, JACOB
Address: 2265 CYPRESS TRACE CIR
City-St-Zip: ORLANDO, FL 32825

Title: STD () Delete
Name: PEARCE, MARCY
Address: 2221 CYPRESS TRACE CIR
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRAWFORD, TERRENCE P
Address: 2400 CYPRESS TRACE CIR
City-St-Zip: ORLANDO, FL 32825

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 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 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: TERRENCE P CRAWFORD

PD

03/29/2004

Electronic Signature of Signing Officer or Director

_____ Date