


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

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90053 029 \*\*\*\*61.25

**DOCUMENT # N99000003089**

1. Entity Name  
**CYPRESS SPRINGS VILLAGE S HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 2180 W. SR 434 STE. 5000 LONGWOOD, FL 32779	Mailing Address 2180 W. SR 434 STE. 5000 LONGWOOD, FL 32779
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40000000



2. Principal Place of Business - No P.O. Box # <b>1750 W. Broadway St.</b>	3. Mailing Address <b>PO Box 620368</b>
Suite, Apt. #, etc. <b>Suite # 220</b>	Suite, Apt. #, etc.

02072008 Chg-NP CR2E037 (12/06)

City & State <b>Oviedo, FL</b>	City & State <b>Oviedo, FL</b>
Zip <b>32765</b>	Zip <b>32702</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3681519</b>	Applied For <input type="checkbox"/> Not Applicable
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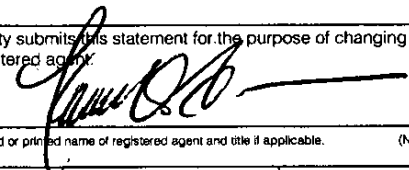
**6. Name and Address of Current Registered Agent**

**DAVIS, KEVIN M**  
**COMMUNITY MANAGEMENT SPECIALISTS, INC.**  
**1750 W. BROADWAY ST., #220**  
**OVIEDO, FL 32765**

**7. Name and Address of New Registered Agent**

Name **Kevin Davis**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1750 W. Broadway St.**  
**Suite # 220**  
 City **Oviedo** FL Zip Code **32765**

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 **2/15/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD PEARCE, MARCY 2221 CYPRESS TRACE CIR ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CLIFFORD, JACK 2265 CYPRESS TRACE CIR ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARINI, KELLI 2225 CYPRESS TRACE CIR ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **MARCY PEARCE** 3/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #