

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT# N99000003236

Entity Name: CYPRESS SPRINGS ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
STE 500D  
LONGWOOD, FL 32779

**New Principal Place of Business:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779

**Current Mailing Address:**

2180 W SR 434  
STE 500D  
LONGWOOD, FL 32779

**New Mailing Address:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779

FEI Number: 59-3580785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

**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:

03/29/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TIMLIN, LYNNE  
Address: 10626 SUNRISE TERRACE DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: VPD ( ) Delete  
Name: LABONA, LUSAN L  
Address: 10731 SUNRISE TERRACE DR  
City-St-Zip: ORLANDO, FL 32825

Title: STD ( ) Delete  
Name: ROSENBLATT, MIKE  
Address: 10618 CLOUD VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: HART, PAMELA  
Address: 10608 SUNRISE TERRACE DR  
City-St-Zip: ORLANDO, FL 32825

Title: SD (X) Change ( ) Addition  
Name: ROSENBLATT, MIKE  
Address: 10648 CLOUDVIEW DRIVE  
City-St-Zip: ORLANDO, FL 32825

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: LYNNE TIMLEN

PD

03/29/2004

Electronic Signature of Signing Officer or Director

Date