

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 18, 2005
Secretary of State**

DOCUMENT# N99000003236

Entity Name: CYPRESS SPRINGS ESTATES 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: 59-3580785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: TIMLIN, LYNNE
Address: 10626 SUNRISE TERRACE DRIVE
City-St-Zip: ORLANDO, FL 32817

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CONNELLY, YVETTE
Address: 10620 SPRING HAMMOCK WAY
City-St-Zip: ORLANDO, FL 32825

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

Title: SD (X) Change () Addition
Name: RIVERA, EDGARDO
Address: 10744 SUNRISE TERRACE DR
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: YVETTE CONNELLY

PD

03/18/2005

Electronic Signature of Signing Officer or Director

Date