
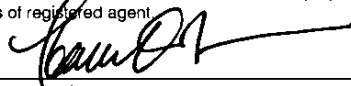
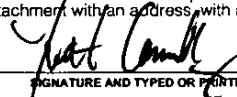


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90011 041 \*\*\*\*61.25

<b>DOCUMENT # N99000003236</b>							
1. Entity Name CYPRESS SPRINGS ESTATES HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 1750 W. BROADWAY ST., #118 OVIEDO, FL 32765			Mailing Address 1750 W. BROADWAY ST., #118 OVIEDO, FL 32765				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3580785			
Zip		Country		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DAVIS, KEVIN M COMMUNITY MGMT. SPECIALISTS, INC. 1750 W. BROADWAY ST., #118 OVIEDO, FL 32765			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 3/20/07				
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)				
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CONNELLY, YVETTE		NAME	Rottgen, Connie			
STREET ADDRESS	10620 SPRING HAMMOCK WAY		STREET ADDRESS	10636 Cloudview Drive			
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825			
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TIMLEN, LYNNE		NAME	Egeli, Cindy			
STREET ADDRESS	10626 SUNRISE TERRACE DR		STREET ADDRESS	2036 Sunset Terrace Drive			
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLUEFORD, JAMES		NAME	ortiz, Jesus			
STREET ADDRESS	10738 SUNRISE TERRACE DR		STREET ADDRESS	10617 Cloudview Drive			
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDGARDO, RIVERA		NAME				
STREET ADDRESS	10744 SUNRISE TERRACE DR		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PYE, MARK		NAME				
STREET ADDRESS	10724 SUNRISE TERRACE DR		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 			DATE: 3/11/07		Daytime Phone #: 407-3597200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		Daytime Phone #		