

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 007 ****61.25

DOCUMENT # N99000003236



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**

40047594



2. Principal Place of Business - No P.O. Box #
1750 W. Broadway St.

3. Mailing Address
PO Box 620368

Suite, Apt. #, etc.
Suite # 220

Suite, Apt. #, etc.

City & State
Oviedo, FL

City & State
Oviedo, FL

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3580785

Applied For
 Not Applicable

Zip
32765

Country
USA

Zip
32762

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, KEVIN
 COMMUNITY MGMT. SPECIALISTS, INC.
 1750 W. BROADWAY ST., #118
 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 Street
 Suite # 220
 City **Oviedo** FL Zip Code **32762**

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

Kevin Davis

2/5/08

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONNELLY, YVETTE 10620 SPRING HAMMOCK WAY ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TIMLEN, LYNNE 10626 SUNRISE TERRACE DR ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLUEFORD, JAMES 10738 SUNRISE TERRACE DR ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EDGARDO, RIVERA 10744 SUNRISE TERRACE DR ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTTGEN, CONNIE 10636 CLOUDVIEW DRIVE ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EGELI, CINDY 2036 SUNSET TEIRACE DRIVE ORLANDO, FL 32825	<input type="checkbox"/> Delete

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
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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:

Yvette M. Connelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-721-4005