


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90016 007 \*\*\*\*61.25

<b>DOCUMENT # N02000008603</b> 1. Entity Name <b>CYPRESS POINTE AT CYPRESS SPRINGS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1350 ORANGE AVE, SUITE 100 WINTER PARK, FL 32789 US</b>			Mailing Address <b>1350 ORANGE AVE, SUITE 100 WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>65-0326491</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHILLIPS, ROGER ATTWOOD-PHILLIPS, INC 1350 ORANGE AVE, SUITE 100 WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARMICHAEL, WILLIAM T <input checked="" type="checkbox"/> Delete 11315 CORPORATE BOULEVARD, SUITE 250 ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTWINIK, NIKKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1357 Amaryllis Cir Orlando FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HERNDON, JEANNINE <input checked="" type="checkbox"/> Delete 11315 CORPORATE BOULEVARD, SUITE 250 ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBSON, CLIVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12121 Diedra Ct Orlando FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMBERS, ANDY <input checked="" type="checkbox"/> Delete 775 S KIRKMAN RD #117 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVENPORT, TIM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12127 Callista Ct Orlando FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, ISAIAH JR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1443 Amaryllis Cir Orlando FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIECO, NICHOLAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1913 Amaryllis Cir Orlando FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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 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.					
<b>SIGNATURE:</b> <u>UM Botwinik</u> <u>UM Botwinik</u> <u>2/26/05</u> <u>407-737-4020</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					