

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90178 018 ****61.25

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04252006 Chg-NP CR2E037 (11/05)

DOCUMENT # N17208 1. Entity Name CYPRESS SPRINGS OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O KL MANAGEMENT GROUP, INC. 100 E. SYBELIA AVENUE, SUITE 130 MAITLAND, FL 32751			Mailing Address C/O KL MANAGEMENT GROUP, INC. 100 E. SYBELIA AVENUE, SUITE 130 MAITLAND, FL 32751		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2762596	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KL MANAGEMENT GROUP, INC. 100 E. SYBELIA AVENUE, SUITE 130 MAITLAND, FL 32751				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD CONWAY, MICHAEL 1870 BRANCHWATER TRAIL ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENN, DANIEL 10778 SPRINGBROOK LN ORLANDO, FL 32805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lyons, Jack 100 E. Sybelia Ave #130 Maitland FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIEBZAK, KEITH 1837 BLUE CT ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADE, JERRY 1822 BRANCHWATER TRAIL ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLOTFELTY, RICHARD 1704 BRANCHWATER TRAIL ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, JONATHAN 10225 FORGE ME NOT COURT ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hempstead, Deborah 100 E. Sybelia Ave #130 Maitland FL 32751	
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:			4/30/06 407/740-8081		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		