2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90086 020 ****61.25

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DOCUMENT # N17208

1. Entity Name
CYPRESS SPRINGS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O KL MANAGEMENT GROUP, INC. 100 E. SYBELIA AVENUE, SUITE 130 MAITLAND, FL 32751	C/O KL MANAGEMENT GROUP, INC. 100 E. SYBELIA AVENUE, SUITE 130 MAITLAND, FL 32751

02142007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o KL Management Group, INC	KL Management Group, INC
Suite, Apt. #, etc. 1360 N. Goldenrod Rd Ste12	Suite, Apt. #, etc. 1360 N. Goldenrod Rd. Ste 12
City & State Orlando FL	City & State Orlando FL
Zip 32807 Country Orange	Zip 32807 Country Orange

4. FEI Number 59-2762596 ☐ Applied For ☐ Not Applicable

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

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: KL Management Group, INC. Street Address (P.O. Box Number is Not Acceptable): 1360 North Goldenrod Road, Suite 12 City: Orlando FL Zip Code: 32807

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 Keith R. Kiebzak 3/14/07
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, 2007

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 CONWAY, MICHAEL 1870 BRANCHWATER TRAIL ORLANDO, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LYONS, JACK 100 EAST SYBELIA AVE SUITE 130 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIEBZAK, KEITH 1837 BLUE CT ORLANDO, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WADE, JERRY 1822 BRANCHWATER TRAIL ORLANDO, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GLOTFELTY, RICHARD 1704 BRANCHWATER TRAIL ORLANDO, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEMPSTEAD, DEBORAH 100 EAST SYBELIA AVE SUITE 130 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Keith R. Kiebzak 3/14/07 407/482-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #