
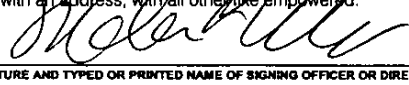


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90019 006 \*\*\*\*61.25

<b>DOCUMENT # N38596</b> 1. Entity Name CYPRESS COVE OF JUPITER HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458 US			Mailing Address 1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INGLIS, STEVE BRISTOL MANAGEMENT 1930 COMMERCE LANE SUITE ONE JUPITER, FL 33458				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</b> <b>Due by May 1, 2008</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	Rich Murphy, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ADDINGTON, TOM		NAME	6822 Cypress Cove Circle	
STREET ADDRESS	685 CYPRESS COVE CR		STREET ADDRESS	Jupiter, FL 33458	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRUSATO, RICHARD		NAME	John McNaboe	
STREET ADDRESS	6863 CYPRESS COVE CR		STREET ADDRESS	6864 Cypress Cove Circle	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter, FL. 33458	
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RICH, MARILYN		NAME	Karen Turiano	
STREET ADDRESS	19177 TAMARA LN		STREET ADDRESS	6989 Cypress Cove Circle	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter, FL. 33458	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADEY, JANET		NAME	Karen Roraff	
STREET ADDRESS	6755 CYPRESS COVE CIRCLE		STREET ADDRESS	6869 Cypress Cove Circle	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter, FL. 33458	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE		
NAME	ROLAFF, KALIN		NAME		
STREET ADDRESS	6869 CYPRESS COVE CR.		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		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.					
<b>SIGNATURE:</b> 			Jan 23 2008 561-575-3551		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		