



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90021 016 ****61.25

DOCUMENT # 720960 1. Entity Name CYPRESS CREEK VILLAGE, INC.					
Principal Place of Business 5314 CYPRESS CR. DR. ORLANDO, FL 32811 US			Mailing Address 5314 CYPRESS CREEK DR ORLANDO, FL 32811 US		
2. Principal Place of Business 5401 S Kirkman Rd Suite, Apt. #, etc. 450 City & State Orlando FL Zip 32819 Country USA		3. Mailing Address Suite, Apt. #, etc. Same City & State Same Zip Country			
4. FEI Number 59-1439311				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02172005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent BROUSSARD, LILA 5314 CYPRESS CREEK DR ORLANDO, FL 32811			7. Name and Address of New Registered Agent Name Community MGMT. PROF. INC. Street Address (P.O. Box Number is Not Acceptable) 5401 Kirkman Rd., STE 450 City Orlando FL Zip Code 32819		
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 <i>Lila L. Broussard</i> President DATE 3-10-05 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	VP HOUCK, DUSTIN 5330 CYPRESS CREEK DRIVE ORLANDO, FL 32811	<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	D SNIPES, MARTIN 5302 CYPRESS CREEK DRIVE ORLANDO, FL 32811	<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	D REEDY, OSCAR 5200 CYPRESS CREEK DRIVE ORLANDO, FL 32811	<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	ST BROUSSARD, LILA 5314 CYPRESS CREEK DRIVE ORLANDO, FL 32811	<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	P JENKINS, BOB 5304 CYPRESS CREED DRIVE ORLANDO, FL 32811	<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	[Blank]	<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.					
SIGNATURE: <i>Lila L. Broussard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/06/05 Daytime Phone # 407-352-0663		

LILA L. BROUSSARD