



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 723871 1. Entity Name CYPRESS LAKE NO. 12, INC.			
Principal Place of Business 1371 SE 9TH AVENUE POMPAÑO BEACH, FL 33060		Mailing Address 1371 SE 9TH AVENUE POMPAÑO BEACH, FL 33060	
DO NOT WRITE IN THIS SPACE			
		01122006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-2249342	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, CAROL 1371 SE 9TH AVE APT 4 POMPAÑO BEACH, FL 33060		DO NOT WRITE IN THIS SPACE	
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 <u>CAROL A. MURRAY</u> 1-15-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000333070 01/25/06-80007-001 61.25	
TITLE	VD		
NAME	LATTIMER, BARBARA		
STREET ADDRESS	1371 SE 9TH AVENUE		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		
TITLE	STD		
NAME	MURRAY, CAROL		
STREET ADDRESS	1371 SE 9TH AVE		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		
TITLE	PD		
NAME	BURKE, THERESE		
STREET ADDRESS	1371 SE 9TH AVENUE		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		
TITLE	V		
NAME	HOYT, HAROLD		
STREET ADDRESS	1371 SE 9TH AVENUE		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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.			
SIGNATURE: <u>Carol A Murray</u> <u>CAROL A. MURRAY</u> 1-15-06 954-946216 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			