
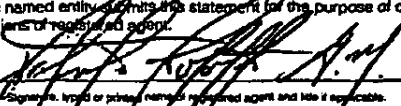
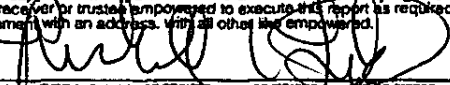


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-04-2004 90090 036 ****70.00

DOCUMENT # 729140					
1. Entity Name CYPRESS WOODS, INC.					
Principal Place of Business 4800 CYPRESS WOODS DRIVE ORLANDO FL 32811			Mailing Address 4800 CYPRESS WOODS DRIVE ORLANDO FL 32811		
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 59-2077076	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Name and Address of Current Registered Agent FÖHL, JOHN S 4800 CYPRESS WOODS DR ORLANDO FL 32811			7. Name and Address of New Registered Agent Name SALVATORE-POHOTTO-G.M. Street Address (P.O. Box Number is Not Acceptable) 4800 CYPRESS WOODS DR. City ORLANDO, FL Zip Code 32811-3721		
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:  DATE: 1/28/04 <small>(NOTE: Registered Agent signature required when requesting)</small>					
FILE NOW: FEE IS \$81.25 Due By May 1, 2004		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	PD SIDELL, ARLEEN 5305 PEBBLE BEACH DR. ORLANDO FL 32811	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD CARMAN, PAMELA 5311 PEBBLE BEACH DR ORLANDO FL 32811	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD GROSCH, KATHY 5315 INDIAN CREEK DR ORLANDO FL 32811	<input checked="" type="checkbox"/> Delete	TITLE	SD Diane Kazaros 5340 Burning Tree Dr. Orlando, FL 32811-3721	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GALIANO, DOMINICK 5310 BURNING TRAIL DR. ORLANDO FL 32811	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D HACKYARD, ANN 5432 PINE CREEK DR ORLANDO FL 32811	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER Rick Lentsch 5414 Pine Creek Dr. Orlando, FL 32811-3721	<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: 			Date: 2/25/04 Daytime Phone # 407 4252373		

66403534



MOORE CR2E037-(11/03)