
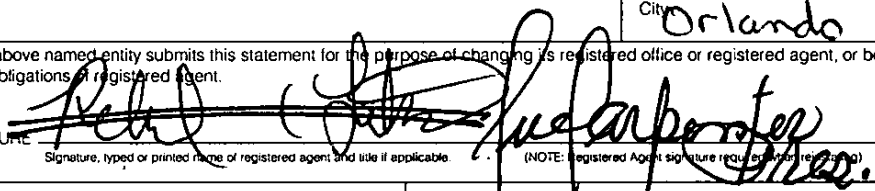
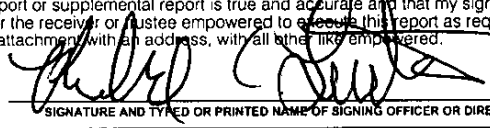


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90008 049 \*\*\*\*61.25

<b>DOCUMENT # 729140</b> 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 Community Mgmt Prof. Inc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5401 S. Kirkman Rd #450		07062006 Chg-NP CR2E037 (4/06)	
City & State		City & State Orlando FL		4. FEI Number 59-2077076	
Zip		Zip 32819		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POHOTTO, SALVATORE 4800 CYPRESS WOODS DR ORLANDO, FL 32811				7. Name and Address of New Registered Agent Name: Community Management Professionals, Incorporated Street Address (P.O. Box Number is Not Acceptable): 5401 S. Kirkman Rd #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:  6/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for this filing.)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALIANO, DOMINICK 5310 BURNING TREE DRIVE ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steve Van Dyke 5348 Burning Tree Orlando FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROSCH, RANDY 4820 PEBBLE BRACH 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	SD CARMEN, PAM 5311 PEBBLE BEACH 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	T BORGER, DOUGLAS 4822 PEBBLE BEACH DRIVE ORLANDO, FL 32811	<input checked="" 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 LENTSCH, RICK 5414 PINE 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 SIDELL, ARLEEN 5305 PEBBLE BEACH DRIVE ORLANDO, FL 32811	<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 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 time, like empowered.					
SIGNATURE:  6/7/06 407-9039969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					