## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 729140  1. Entity Name CYPRESS WOODS, INC.					07-12-2006 90008 049 ****61.25			
Principal Place of Business 4800 CYPRESS WOODS DRIVE ORLANDO, FL 32811		Mailing Address 4800 CYPRESS WOODS DE ORLANDO, FL-32811	RIVE				- ~ • • •	
2. Principal Place of Business		3. Mailing Address Community Mgmt Prof.1				5819 01811 01031 01812 01812 018	IMBI BI IBBI	
Suite, Apt. #, etc.		5401 S. Kirkman Ruth			07062006	Chg-NP	CR2E037 (4/06)	
City & Stat	е	City & State	FL		4. FEI Number 59-20770	76	<del></del>	oplied For ot Applicable
Zíp	Country	Zip 32819	Country		5. Certificate of	Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Ad	Idress of New Re	gistered Agent	1
PO <del>HOTTO, SALVATORE</del> .				Cor	$\mu$ oum $\alpha$	ru Man	naaemen	J
4800 CYPRESS WOODS DR			Street	ddrass (	P.O. Box Number is	Not Agreptable)	mated	
OR <del>LANDO</del>	<del>), FL-32811</del>		Fü	71	C V·	-1/ -260-	10 1 # U2	5/
			City	$\frac{c}{c}$	<u> </u>		Zip Cod	80.0
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8. The above named entity submits this statement for the phropse of changing its redistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered figent.  SIGNATURE  Signature, hyped or printed have of registered agent and title if applicable.  (NOTE: legistered Acet signature regularly for the party of the state of Florida. I am familiar with, and accept the obligations of registered agent.  DATE								
	Signature, typed or printed race of registered agent	and title if applicable.	gistered Agent signer	rne team ea	176 (167 (167 (167 (167 (167 (167 (167 (	•	DATE	
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The reby certify that the information supplied with this filling does not contain the exhibitions contained in Chapter 119. I rotat statutes. That he information supplied with this report to 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 fusite 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 attachmen with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-903-9969 Daytime Phone: X102