

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750508

FILED
Apr 24, 2006
Secretary of State

Entity Name: CYPRESS RUN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 5157
P.O. BOX 5157
HOMOSASSA SPRINGS, FL 34447 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5157
P.O. BOX 5157
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 59-2053973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBONS, DENNIS
5 CYPRESS RUN, APT 55A
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NESLER, JOANNE
Address: 4 CYPRESS RUN #45A
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: WIETHOFF, JOSEPH
Address: 2 CYPRESS RUN #26C
City-St-Zip: HOMOSASSA, FL 34446

Title: S () Delete
Name: STUMPF, CAROLE
Address: 1 CYPRESS RUN #13C
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: DAVIS, TERESA
Address: 3 CYPRESS RUN #33A
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: MCCARTY, MAGGIE
Address: 3 CYPRESS RUN #33B
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIBBONS, DENNIS M
Address: 5 CYPRESS RUN #55 A
City-St-Zip: HOMOSASSA, FL 34446 42

Title: VP (X) Change () Addition
Name: DECKER, SYLVIA
Address: 6767 E MONTICELLO COURT
City-St-Zip: GURNEE, IL 60031

Title: T (X) Change () Addition
Name: WIETHOFF, JOSEPH
Address: 2 CYPRESS RUN #26 C
City-St-Zip: HOMOSASSA, FL 34446 42

Title: S (X) Change () Addition
Name: STUMPF, CAROLE
Address: 1 CYPRESS RUN #13 C
City-St-Zip: HOMOSASSA, FL 34446

Title: D (X) Change () Addition
Name: MCCARTY, MAGGIE
Address: 3 CYPRESS RUN #33 B
City-St-Zip: HOMOSASSA, FL 34446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE STUMPF

S

04/24/2006

Electronic Signature of Signing Officer or Director

Date