

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753801

FILED
Apr 29, 2004
Secretary of State

Entity Name: CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

108 CYPRESS BLVD. WEST
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

108 CYPRESS BLVD. WEST
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 59-2441506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CODOGAN, JOHN J
108 CYPRESS BLVD. WEST
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: PD () Delete
Name: AVERILL, WALTER M.D.
Address: 17 SEAGRAPE STREET
City-St-Zip: HOMOSASSA, FL 34446

Title: VD () Delete
Name: BRICKMEIER, BRUCE
Address: 45 SEAGRAPE STREET
City-St-Zip: HOMOSASSA, FL 34446

Title: SD () Delete
Name: BECKLHIMER, MALVIN
Address: 35 HACKBERRY DRIVE
City-St-Zip: HOMOSASSA, FL 34446

Title: TD () Delete
Name: DEAN, JOHN
Address: 5 COCOPLUM CT
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: MCCOY, MARY ELLEN
Address: 47 SEAGRAPE STREET
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: LEE, RICHARD
Address: 8 MILBARK CT S
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BECKLHIMER, MELVIN
Address: 35 HACKBERRY DRIVE
City-St-Zip: HOMOSASSA, FL 34446

Title: TD (X) Change () Addition
Name: WELLER, GORDON
Address: 111 GOLFBVIEW DR
City-St-Zip: HOMOSASSA, FL 34446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DALTON, MICHAEL
Address: 42 CYPRESS BLVD E
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 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 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: WALTER AVERILL, M.D.

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date

TONY SCHMID
193 CYPRESS BLVD E
HOMOSASSA FL 34446

MELVIN LEDERMAN, D
92 LINDER DR
HOMOSASSA FL 34446

ARTHUR ANDERSON, D
9 EUGENIA CT W
HOMOSASSA FL 34446