2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# 753801

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, MELVIN
Address: 35 HACKBERRY DRIVE
City-St-Zip: HOMOSASSA, FL 34446

Title: TD ( ) Delete
Name: WELLER, GORDON
Address: 111 GOLFVIEW DR
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: DALTON, MICHAEL
Address: 42 CYPRESS BLVD E
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AVERILL, WALTER C M.D.
Address: 17 SEAGRAPE STREET
City-St-Zip: HOMOSASSA, FL 34446

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

Title: SD (X) Change ( ) Addition
Name: LEDERMAN, MELVIN
Address: 92 LINDER DRIVE
City-St-Zip: HOMOSASSA, FL 34446

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

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

Title: D (X) Change ( ) Addition
Name: LEE, RICHARD
Address: 8 MILBARK COURT SOUTH
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 C. AVERILL, M.D. PD 01/06/2005

Electronic Signature of Signing Officer or Director — Date