## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 22, 2006 8:00 am Secretary of State

DOCUMENT # 753801  1. Entity Name CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					05-22-2006 90039 008 ****61.25				
108 CYPRESS BLVD. WEST 108		Mailing Address 108 CYPRESS BLVD. WES HOMOSASSA, FL 34446	108 CYPRESS BLVD. WEST			 	01011 61011 01811 018	FIL CICAL CIRI	11  F1 F1   F2
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05092006	Chg-NP	CR2E037	(4/06)	
City & State		City & State			4. FEI Number 59-24415	06		$\vdash$	plied For t Applicable
Zip	Country	Zip	Count	ry	5. Certificate of S		LJ Fee	.75 Add Required	
	6. Name and Address of Current Re	egistered Agent		NI	7. Hame and Ad	dress of New R	egistered Age	nt	
CODOGA	4 IOHN I			Name CADO	CARN				
108 CYPR	ESS BLVD. WEST SSA, FL 34446				(P.O. Box Number is	Not Acceptable	9)		
				City			FL	Zip Code	<del></del>
	named entity submits this statement for tions of registered agent.	he purpose of changing its re	egistered	office or registe	ered agent, or both,	n the State of Flo	orida. I am fami	iliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable (NOTE F	Registered A	igent signature require	ed when reinstating)		DATE		
	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 ue by September 6, 2006	9. Election Camp	aign Fina	ancing _	\$5.00 May Be Added to Fees	i i	DATE ake check pa ida Departme	-	
	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	aign Fina	ancing _	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori GES TO OFFICE	ake check pa ida Departme	ent of St	ate
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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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-206

## ATTACHMENT 40093508

2006 Non-For –Profit Corporation Annual Report Additions

D

Addition

Arliss Hynds 5 Blue Beech Ct Homosassa, FL 34446