2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State
05-22-2006 90039 008 ****61.25

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1. Entity Name
CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
108 CYPRESS BLVD. WEST HOMOSASSA, FL 34446	108 CYPRESS BLVD. WEST HOMOSASSA, FL 34446

05092006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2441506 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~CODOGAN~~, JOHN J
108 CYPRESS BLVD. WEST
HOMOSASSA, FL 34446

7. Name and Address of New Registered Agent

Name: CADOGAN
Street Address (P.O. Box Number is Not Acceptable):
City: **FL** Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AVERILL, WALTER C M.D. 17 SEAGRAPE STREET HOMOSASSA, FL 34446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOANN DECIANT 45 MILBARK DR HOMOSASSA, FL 34446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRICKMEIER, BRUCE 45 SEAGRAPE STREET HOMOSASSA, FL 34446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ART ANDERSON 9 EUGENIA CT W HOMOSASSA, FL 34446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEDERMAN, MELVIN 92 LINDER DRIVE HOMOSASSA, FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PAUL DANNER 40 CORKWOOD BLVD HOMOSASSA, FL 34446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WELLER, GORDON 111 GOLFVIEW DR HOMOSASSA, FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GORDON WELLER 43 SEABRAPE ST HOMOSASSA, FL 34446	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOY, MARY ELLEN 47 SEAGRAPE STREET HOMOSASSA, FL 34446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANCY DESO 52 BEECH ST HOMOSASSA, FL 34446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, RICHARD 8 MILBARK COURT SOUTH HOMOSASSA, FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONY SCHMID 5 ENCLAVE PT HOMOSASSA, FL 34446	☐ Change ☑ Addition

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: Gordon D. Weller 5-11-2006 352-382-1906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 400935508
#75389

2006
Non-For –Profit Corporation Annual Report
Additions

D ✓Addition

Arliss Hynds
5 Blue Beech Ct
Homosassa, FL 34446