2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 07, 2007 8:00 am Secretary of State 05-07-2007 90053 029 ****61.25 **DOCUMENT #753801** 1. Entity Name CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC. 4111000 Principal Place of Business Mailing Address 108 CYPRESS BLVD. WEST 2541 N RESTON TERRACE HOMOSASSA, FL 34446 HERNANDO, FL 34442 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2441506 Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VILLAGES SERVICES COOPERATIVE INC. Street Address (P.O. Box Number is Not Acceptable) 2541 N RESTON TERRACE HERNANDO, FL 34442 Zip Code FL 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. Filing Fee is \$61.25 \$5.00 May Be 9. Election Campaign Financing Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change M Addition TITLE NAME DECKANT, JOANN NAME Arliss Hyunds STREET ADDRESS 45 MILBARK DR STREET ADDRESS HOMOSASSA, FL 34446 CITY-ST-2IP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE ANDERSON, ART NAME 9 ENGENIA CT W STREET ADDRESS STREET ADDRESS HOMOSASSA, FL 34446 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition LEDERMAN, MELVIN NAME NAME STREET ADDRESS 92 LINDER DRIVE STREET ADDRESS CITY-ST-ZIP HOMOSASSA, FL 34446 CITY-ST-ZIP Addition THIE Change Delete TITLE D٢ DEREK REEVES WELLER, GORDON NAME NAME 75 BEECH STREET STREET ADDRESS 43 SEAGRAPE ST STREET ADDRESS CITY-ST-ZIP ltomossasse CITY - ST- ZIP HOMOSASSA, FL 34446 34446 TD TITLE Change Addition TITLE Defete NAME DANNER, PAUL NAME 40 CORKWOOD BLVD STREET ADDRESS STREET ADDRESS HOMOSASSA, FL 34446 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition

12. I heraby 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 an address, with all other like empowered. changed, or on an attachment with

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

LEE, RICHARD

8 MILBARK COURT SOUTH

HOMOSASSA, FL 34446

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

orpor SIGNATURE AND TYPED OR PRINTED NAME OF SIG ING DEFICER OR DIRECTOR

Delete

Daytime Phone #

FILED