

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90042 007 \*\*\*\*61.25

<b>DOCUMENT # 756078</b> 1. Entity Name <b>CYPRESS TRAILS PROPERTY OWNERS' ASSOCIATION, INC</b>			
Principal Place of Business <b>C/O MALCOM &amp; ASSOC. 6149 LAKE WORTH RD. LAKE WORTH FL 33463 US</b>		Mailing Address <b>C/O MALCOM &amp; ASSOC. 6149 LAKE WORTH RD. LAKE WORTH FL 33463 US</b>	
2. Principal Place of Business <b>Associated Property Mgmt</b> Suite, Apt. #, etc. <b>1928 LAKE WORTH RD</b> City & State <b>LAKE WORTH, FL</b> Zip <b>33461</b> Country <b>USA</b>		3. Mailing Address <b>Associated Property Mgmt</b> Suite, Apt. #, etc. <b>1928 LAKE WORTH RD.</b> City & State <b>LAKE WORTH, FL</b> Zip <b>33461</b> Country <b>USA</b>	
4. FEI Number <b>59-2060779</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent <b>DOWLING, WILLIAM E. 3757 VALLEY PARK WAY LAKE WORTH FL 33467</b>	
7. Name and Address of New Registered Agent Name <b>ASSOCIATED PROPERTY MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1928 LAKE WORTH RD.</b> City <b>LAKE WORTH</b> FL Zip Code <b>33461</b>		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)	
FILE NOW - FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>TD DOWLING, WILLIAM E. 3757 VALLEY PARK WAY LAKE WORTH FL 33467</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PD DOWLING, BILL 3757 VALLEY PARK WAY LAKE WORTH, FL 33467</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>VD PETUCH, ED 3554 CYPRESS EDGE DR LAKE WORTH FL 33467</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>VD SOLOMON, TOM 3965 CYPRESS EDGE DR. LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PD BRUNNER, LANCE 3770 MOSS POINT CIRCLE LAKE WORTH FL 33467</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>SD PETUCH, Ed 3554 CYPRESS EDGE DR. LAKE WORTH, FL 33467</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>VD SALLEY, DAVID 9469 SPANISH MOSS ROAD WEST LAKE WORTH FL 33467</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>TD BRUNNER, LANCE 3770 MOSS POINT CIRCLE LAKE WORTH, FL 33467</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>SD CATO, SUE 3760 CYPRESS EDGE DR. LAKE WORTH FL 33467</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  V.P.		Date: <b>3/21/05</b>	