

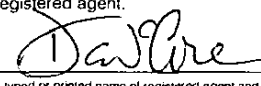
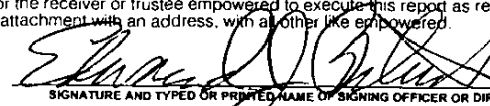


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90032 019 \*\*\*\*61.25

<b>DOCUMENT # 756078</b>					
<b>1. Entity Name</b> CYPRESS TRAILS PROPERTY OWNERS' ASSOCIATION, INC					
<b>Principal Place of Business</b> ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US			<b>Mailing Address</b> ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.		40063000    02202008 Chg-NP CR2E037 (12/06)	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-2060779	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			<b>7. Name and Address of New Registered Agent</b>		
			<b>Name</b> St. John, Core & Lemme, P.A.		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1601 Forum Place, Suite 701		
			<b>City</b> West Palm Beach <b>FL</b> <b>Zip Code</b> 33401		
<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.</b>					
<b>SIGNATURE</b>  <u>DAVID A. CORE Secretary</u> <u>4-3-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to:</b> Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD <b>NAME</b> WEILAND, RONALD <b>STREET ADDRESS</b> 9046 WINDING WOOD DR <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> WILSON, PATRICK <b>STREET ADDRESS</b> 3848 CYPRESS EDGE DR. <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> SOLOMON, TOM <b>STREET ADDRESS</b> 3965 CYPRESS EDGE DR <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> WEILAND, RONALD <b>STREET ADDRESS</b> 9046 WINDING WOOD DR. <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> PETUCH, ED <b>STREET ADDRESS</b> 3554 CYPRESS EDGE DR <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> HOFFART, BRUCE <b>STREET ADDRESS</b> 9344 SPANISH MOSS RD. E. <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> DOWLING, BILL <b>STREET ADDRESS</b> 3757 VALLEY PARK WAY <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WILSON, PATRICK <b>STREET ADDRESS</b> 3848 CYPRESS EDGE DR. <b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <u>3/3/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					