


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 758735 1. Entity Name CYPRESS RUN GOLF CLUB, INC.	
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Principal Place of Business 2669 ST. ANDREWS BLVD. TARPON SPRINGS, FL 34688	Mailing Address 2669 ST. ANDREWS BLVD. TARPON SPRINGS, FL 34688
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01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2121717	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILMORE, DAVID C 7620 MASSACHUSETTS AVE NEW PORT RICHEY, FL 34653
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BACCARI, DAVID 3853 MIMOSA PLACE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP LEWISON, GARY 2867 GREY OAKS BLVD. TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP SOLLINGER, MICHAEL 924 ROYAL BIRKDALE DRIVE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELLA PENNA, ROBERT 16533 HUTCHISON ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, EDWARD 942 GULLANE DRIVE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, PARKER 3842 MIMOSA PLACE PALM HARBOR, FL 34685

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04/10/07-80029-002 61.25

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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: GARY C. LEWISON GARY C. LEWISON 3/26/07 727-938-3774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #