


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90066 001 ****61.25

| | | | | | |
|--|--------------------------|--|--|--|----------|
| DOCUMENT # 760314 | | | |  | |
| 1. Entity Name CYPRESS VILLAGE ONE ASSOCIATION, INC. | | | | | |
| Principal Place of Business PRESIDENTIAL GROUP SOUTH 135 W PINEVIEW ST. ALTAMONTE SPRINGS, FL 32714 | | | Mailing Address PRESIDENTIAL GROUP SOUTH 135 W PINEVIEW ST. ALTAMONTE SPRINGS, FL 32714 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2128872 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PRESIDENTIAL GROUP SOUTH 135 W PINEVIEW ST. ALTAMONTE SPRINGS, FL 32714 | | | Name | | |
| | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | DT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MACKAY, JANE | | NAME | | |
| STREET ADDRESS | 525 MOREE LOOP | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SOVICH, STEVE | | NAME | VPD | |
| STREET ADDRESS | 511 MOREE LOOP | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CASTRO, NADINE | | NAME | | |
| STREET ADDRESS | 523 MOREE LOOP | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HYDE, BETHAN | | NAME | PD | |
| STREET ADDRESS | 531 MOREE LOOP | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | SD | |
| STREET ADDRESS | | | STREET ADDRESS | DURITY, SHERWIN | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 521 MOREE LOOP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | |
| NAME | | | NAME | WINTER SP, FL | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 32708 | |
| 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: <i>Steven Sovich</i> | | steven-sovich | | 4/6/06 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |