

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90019 047 ****61.25

DOCUMENT # 760426

1. Entity Name

CYPRESS CREEK VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

9468 SOUTH MILITARY TRAIL A-4
BOYNTON BEACH FL 33436

Mailing Address

9468 SOUTH MILITARY TRAIL A-4
BOYNTON BEACH FL 33436



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGRATH, MARY V
9468 S MILITARY TRAIL #2
BOYNTON BEACH FL 33436

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: This signed Agent again may be used when not doing)

DATE

FILE NOW: FEES \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MCGRATH, MARY V
STREET ADDRESS 9468 S MILITARY TR, A-Z
CITY- ST- ZIP BOYNTON BEACH FL 33436

TITLE STD ☐ Delete
NAME ADAMS, SHIRLEY
STREET ADDRESS 9468 S MILITARY TR A-4
CITY- ST- ZIP BOYNTON BEACH FL

TITLE VD ☐ Delete
NAME HAVENS, CARMEN
STREET ADDRESS 9468 S MILITARY TR, A-3
CITY- ST- ZIP BOYNTON BEACH FL 33436

TITLE VD ☐ Delete
NAME COONEY, DANIEL
STREET ADDRESS 9468 S. MILITARY TR A-1
CITY- ST- ZIP BOYNTON BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Shirley M. Adams

SHIRLEY M ADAMS

1-23-08

561-732-9385