


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 763663

1. Entity Name
 CYPRESS RUN PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 2669 ST. ANDREWS BLVD TARPON SPRINGS, FL 34688-6310 US	Mailing Address 2669 ST. ANDREWS BLVD TARPON SPRINGS, FL 34688-6310 US
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2319765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLROD, MATTHEW D
 6642 ROWAN RD
 NEW PORT RICHEY, FL 34653

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

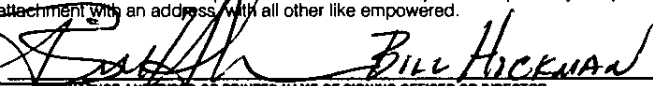
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPRAGUE, JACK
STREET ADDRESS	623 ROYAL DORNOCH CT
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	D
NAME	RYAN, DAN
STREET ADDRESS	962 GULLANE DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	PD
NAME	FOSTER, ANNE
STREET ADDRESS	1057 ROYAL TROON CT
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	SD
NAME	BEKE, PATRICIA
STREET ADDRESS	980 ROYAL BIRKDALE DRIVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	D
NAME	TUTTLE, MARK
STREET ADDRESS	1033 ROYAL BIRKDALE DRIVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	TD
NAME	HICKMAN, BILL
STREET ADDRESS	1049 ROYAL BIRKDALE DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34688

1000000735917
 01/29/08-80010-019 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:  **Bill Hickman** **1/15/08** **727-938-3774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #