


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90305 014 ****61.25

DOCUMENT # N00000005609	
1. Entity Name CYPRESS COVE ESTATES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2891 GREY OAKS BLVD TARPON SPRINGS, FL 34689	Mailing Address 2891 GREY OAKS BLVD TARPON SPRINGS, FL 34689
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2. Principal Place of Business 2891 Grey Oaks Blvd	3. Mailing Address 2891 Grey Oaks Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tarpon Springs FL	City & State Tarpon Springs Blvd
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Zip 34688	Country U.S.A.	Zip 34688	Country U.S.A.
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04182005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3666496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARSON, ROGER A ESQ 911 CHESTNUT STREE CLEARWATER, FL 33756	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

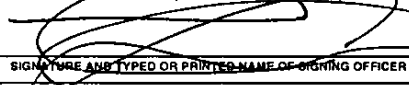
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GENDEBIEN, JEAN 2891 GREY OAKS BLVD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2891 Grey Oaks Blvd Tarpon Springs, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARNOLD, PAUL 990 CYPRESS COVE WAY TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CURRAN, THOMAS 884 CYPRESS COVE WAY TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date 4/19/05	Daytime Phone # (727) 945-0077
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