

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005609

FILED
Apr 16, 2007
Secretary of State

Entity Name: CYPRESS COVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3666496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELROSE MANAGEMENT GROUP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARNOLD, MARY JO
Address: 990 CYPRESS COVE WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T () Delete
Name: CURRAN, TOM
Address: 884 CYPRESS COVE WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S () Delete
Name: MARCANTONIO, LAWRENCE
Address: 928 CYPRESS COVE WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CURRAN, TOM
Address: 884 CYPRESS COVE WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP (X) Change () Addition
Name: MATHEWS, JEFF
Address: 975 CYPRESS COVE WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: GERVATOSKI, JOAN
Address: 951 CYPRESS COVE WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Change (X) Addition
Name: ARNOLD, MARY JO
Address: 990 CYPRESS COVE WAY
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK B HANSON

RA

04/16/2007

Electronic Signature of Signing Officer or Director

Date