
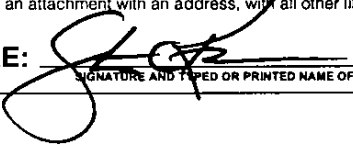


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90351 024 ****70.00

DOCUMENT # N01000000135 1. Entity Name BIG CYPRESS HOUSING CORPORATION					
Principal Place of Business 19308 SW 380TH ST. FLORIDA CITY, FL 33034			Mailing Address P.O. BOX 343529 HOMESTEAD, FL 33034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1067124	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KIRK, STEVEN 16445 OLD CUTLER RD. PALMETTO BAY, FL 33157				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)					
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRK, STEVEN		NAME		
STREET ADDRESS	19308 SW 380TH ST.		STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRO, FERNANDO JR.		NAME	Director Maria Jimenez	
STREET ADDRESS	20310 SW 106TH AVE.		STREET ADDRESS	402 W. Main Street	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Immokalee, FL 34142	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENSEN, ROBERT		NAME		
STREET ADDRESS	18640 SW 295TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, ARTURO		NAME		
STREET ADDRESS	305 SOUTH FLAGLER ST.		STREET ADDRESS	778 W. Palm Drive	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	Florida City, FL 33034	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONISE, MAGALIE		NAME		
STREET ADDRESS	140-7 ANHINJA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE, FL 34142		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LECONTE, WILNTE		NAME	Director Maria Moreno	
STREET ADDRESS	136-3 ANHINJA CIRCLE		STREET ADDRESS	134-2 Virgos Way	
CITY-ST-ZIP	IMMOKALEE, FL 34142		CITY-ST-ZIP	Immokalee, FL 34142	
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: 			3/27/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			305-242-2142		
			Daytime Phone #		