


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90035 047 ****61.25

DOCUMENT # N01000001326 1. Entity Name CYPRESS LOOP VILLAGE OF HERITAGE SPRINGS, INC.					
Principal Place of Business 40347 US 19 NORTH SUITE #201 TARPON SPRINGS, FL 34689			Mailing Address P.O. BOX 695 TARPON SPRINGS, FL 34689		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3741544	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
I & J PROPERTY MANAGEMENT, INC 40347 US 19 NORTH, SUITE #201 TARPON SPRINGS, FL 34689			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	XXXX <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX XXXXX	NAME			
STREET ADDRESS	XX	STREET ADDRESS			
CITY - ST - ZIP	XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXXXXXX	CITY - ST - ZIP			
TITLE	XXXX <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX XXXXX	NAME			
STREET ADDRESS	XX	STREET ADDRESS			
CITY - ST - ZIP	XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXXXXXX	CITY - ST - ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERRY, NANCEY	NAME			
STREET ADDRESS	1009 SWEET JADLINE DR	STREET ADDRESS			
CITY - ST - ZIP	TRINITY, FL 34655	CITY - ST - ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYRNES, OWEN	NAME			
STREET ADDRESS	11605 WEAVER PARK CT	STREET ADDRESS			
CITY - ST - ZIP	TRINITY, FL 34655	CITY - ST - ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINLAY, BERNARD	NAME			
STREET ADDRESS	1106 SWEET JASMINE DR	STREET ADDRESS			
CITY - ST - ZIP	TRINITY, FL 34655	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: <u>Bernard Finlay</u> BERNARD FINLAY <u>3/6/08</u> <u>727-942-4755</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					