2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004317

FILED Apr 21, 2006 Secretary of State

Entity Name: CYPRESS PARK OF TARPON SPRINGS LOT OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8056 OLD CR 54 905 E. MARTIN LUTHER KING, JR. DR.

NEW PORT RICHEY, FL 34653 SUITE 570

TARPON SPRINGS, FL 34689 US

Current Mailing Address: New Mailing Address:

C/O COMMUNITY MANAGEMENT SERVICES INC 905 E. MARTIN LUTHER KING, JR. DR. 5609 US 19 SUITE E SUITE 570

NEW PORT RICHEY, FL 34652 TARPON SPRINGS, FL 34689 US

FEI Number: 45-0499525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMMUNITY MANAGMENT SERVICES INC WHETZEL, TERRI B

3056 OLD CR 54 905 E. MARTIN LUTHER KING, JR. DR. NEW PORT RICHEY, FL 34653 US SUITE 570

TARPON SPRINGS, FL 34689 US

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: TERRI B. WHETZEL 04/21/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDIT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DP () Delete Title: PD (X) Change () Addition

Name:NAUMANN, DOUGLAS EName:BRUECKNER, JAMESAddress:POST OFFICE BOX 725Address:716 CYPRESS PARK AVENUECity-St-Zip:CRYSTAL BEACH, FL 34681City-St-Zip:TARPON SPRINGS, FL 34689 US

Title: DS () Delete Title: VD (X) Change () Addition Name: WHITEHEAD, NITA Name: BEAUSOLEIL, MAURICE J

Address: 3054 ALACHUA PLACE Address: 1800 SEA OATS STREET
City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D () Delete Title: SD (X) Change () Addition

 Name:
 NAUMANN, LIZA
 Name:
 FELICETTA, FRANK

 Address:
 PO BOX 725
 Address:
 720 SANDY HILLS AVENUE

 City-St-Zip:
 CRYSTAL BEACH, FL 34681
 City-St-Zip:
 TARPON SPRINGS, FL 34689 US

Title: () Delete Title: TD () Change (X) Addition

Name: PEREZ, MELISSA A
Address: Address: 1836 SUNRISE DUNES COURT

Address: Address: 1836 SUNRISE DUNES COURT
City-St-Zip: City-St-Zip: TARPON SPRINGS, FL 34689 US

 $\label{eq:Title:D} {\sf Title:} \qquad \qquad {\sf D} \qquad \qquad (\) \ {\sf Change} \ \ ({\sf X}) \ {\sf Addition}$

 Name:
 Name:
 CHAVEZ, XAVIER E

 Address:
 Address:
 725 SANDY HILLS AVENUE

 City-St-Zip:
 City-St-Zip:
 TARPON SPRINGS, FL 34689 US

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: MELISSA A. PEREZ TD 04/21/2006