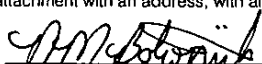


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90016 007 ****61.25

DOCUMENT # N02000008603 1. Entity Name CYPRESS POINTE AT CYPRESS SPRINGS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1350 ORANGE AVE, SUITE 100 WINTER PARK, FL 32789 US			Mailing Address 1350 ORANGE AVE, SUITE 100 WINTER PARK, FL 32789 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01242005 Chg-NP CR2E037 (10/03)				4. FEI Number 65-0326491	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PHILLIPS, ROGER ATTWOOD-PHILLIPS, INC 1350 ORANGE AVE, SUITE 100 WINTER PARK, FL 32789			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					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARMICHAEL, WILLIAM T ☒ Delete 11315 CORPORATE BOULEVARD, SUITE 250 ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTWINIK, NIKKI ☐ Change ☒ Addition 1357 Amaryllis Cir Orlando FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HERNDON, JEANNINE ☒ Delete 11315 CORPORATE BOULEVARD, SUITE 250 ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBSON, CLIVE ☐ Change ☒ Addition 12121 Diedra Ct Orlando FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMBERS, ANDY ☒ Delete 775 S KIRKMAN RD #117 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVENPORT, TIM ☐ Change ☒ Addition 12127 Callista Ct Orlando FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, ISAIAH JR ☐ Change ☒ Addition 1443 Amaryllis Cir Orlando FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIECO, NICHOLAS ☐ Change ☒ Addition 1913 Amaryllis Cir Orlando FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  NM Botwinik 2/26/05 407-737-4020 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					