2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90342 044 ****61.25

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1. Entity Name
CYPRESS POINTE AT CYPRESS SPRINGS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1350 ORANGE AVE, SUITE 100 WINTER PARK, FL 32789 US	1350 ORANGE AVE, SUITE 100 WINTER PARK, FL 32789 US

02132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0326491 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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, 2006

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 BOTWINIK, NIKKI 1357 AMARYLLIS CIR ORLANDO, FL 32825	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GIBSON, CLIVE 12121 DIEDRA CT ORLANDO, FL 32825	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAVENPORT, TIM 12127 CALLISTA CT ORLANDO, FL 32825	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EVANS, ISAIAH JR 1443 AMARYLLIS CIR ORLANDO, FL 32825	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ GRIECO, NICHOLAS 1913 AMARYLLIS CIR ORLANDO, FL 32825	☒ Delete		Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VD THOMAS, DON 1437 AMARYLLIS CIR ORLANDO FL 32825	☐ Change ☒ Addition

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: Nicole M. Botwinik 4/5/06 407-737-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #