


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 8:00 am
Secretary of State

01-11-2008 90037 023 ****61.25

DOCUMENT # N02679 1. Entity Name CYPRESS VILLAS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 3972 TEQUESTA, FL 33469	Mailing Address P.O. BOX 3972 TEQUESTA, FL 33469
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0583726	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HUMPAGE, JAMES R. 562 N DOWER RD TEQUESTA, FL 33469
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**DO NOT WRITE
IN THIS SPACE**

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 James R. Humpage (NOTE: Registered Agent signature required when reappointing) DATE 1/8/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, RANDALL 426C NORTH CYPRESS DRIVE TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATCHLEY, JOHN 435B NORTH CYPRESS DRIVE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPAGE, JAMES R. 426-B CYPRESS DRIVE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: James R. Humpage DATE 1/8/08 DAYTIME PHONE # 561-262-3640