


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

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000000257 1. Entity Name CYPRESS CREEK NORTH OWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O SKINNER BROTHERS REALTY 2963 DUPONT AVE JACKSONVILLE, FL 32217	Mailing Address C/O SKINNER BROTHERS REALTY 2963 DUPONT AVE JACKSONVILLE, FL 32217
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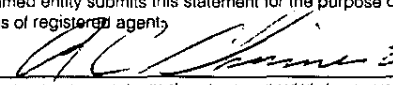
04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 85-0484862	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SKINNER, A.C. III C/O SKINNER BROTHERS REALTY 2963 DUPONT AVE SUITE 2 JACKSONVILLE, FL 32217
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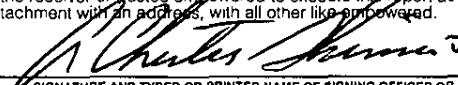
**DO NOT WRITE
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating)	DATE: 4/22/08

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SKINNER III, ARTHUR C 2963 DUPONT AVENUE, SUITE 2 JACKSONVILLE, FL 32217
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/22/08 904-732-9400 Daytime Phone #