2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# N03000003487

Entity Name: CYPRESS BEND NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 57-1163389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W
% SENTRY MANAGEMENT INC.
2180 W. SR 434, STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ORTIZ, VINCENT JR
Address: 10124 CYPRESS KNEE CIR
City-St-Zip: ORLANDO, FL 32825

Title: VPD ( ) Delete
Name: MEJIA, MAURICO
Address: 10274 CYPRESS KNEE CIR
City-St-Zip: ORLANDO, FL 32825

Title: TD ( ) Delete
Name: MICARE, DENNIS
Address: 10287 CYPRESS KNEE CIR
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: LOFTON, CHRIS
Address: 2719 CURPIN LN
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COOPERMAN, WADE
Address: 9960 CYPRESS KNEE CIR
City-St-Zip: ORLANDO, FL 32825

Title: SD (X) Change ( ) Addition
Name: MORRIS, CATHERINE
Address: 9925 CYPRESS KNEE CIR
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GALINDO, ANIBAL
Address: 10209 CYPRESS KNEE CIR
City-St-Zip: ORLANDO, FL 32825

Title: VPD ( ) Change (X) Addition
Name: LOFTON, CHRIS
Address: 2719 CURPIN LN
City-St-Zip: ORLANDO, FL 32825

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: WADE COOPERMAN PD 04/05/2007

Electronic Signature of Signing Officer or Director — Date