## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003672

FILED Jul 06, 2005 Secretary of State

Entity Name: FRIENDS OF CYPRESS GARDENS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	DWELL CIRCLE RY, FL 32746			
Current Mailing Address:		New Mailing Add	New Mailing Address:	
	DWELL CIRCLE RY, FL 32746			
	FEI Number Applied For() FEI number Applied For() FEI number with s. 607.193(2)(b), F.S., the corporation did not received Address of Current Registered Agent:	•	) Certificate of Status Desired ( )	
AVIS PC 409 SHA	DSEY, BURMA DWELL CIRCLE RY, FL 32746 US		<b>.</b>	
	e named entity submits this statement for the purpo e of Florida.	ose of changing its regist	tered office or registered agent, or bot	
IGNATU				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
itle: ame:	PD ( ) Delete DAVIS POSEY, BURMA 1409 SHADWELL CIRCLE	Title: Name: Address:	( ) Change ( ) Addition	
	LAKE MARY, FL 32746	City-St-Zip:		
ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip:			( ) Change ( ) Addition	
ity-St-Zip: ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	LAKE MARY, FL 32746  D ( ) Delete ESKRIDGE, JANE 1700 LESLIE ROAD	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
ity-St-Zip: tle: ame: ddress:	LAKE MARY, FL 32746  D ( ) Delete ESKRIDGE, JANE 1700 LESLIE ROAD GREENSBORO, NC 27408  D ( ) Delete BOLDING, JAMIE 1119 HALLENWOOD TRAIL SOUTH	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	• • • •	
tle: ame: ddress: tty-St-Zip: ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	D () Delete ESKRIDGE, JANE 1700 LESLIE ROAD GREENSBORO, NC 27408  D () Delete BOLDING, JAMIE 1119 HALLENWOOD TRAIL SOUTH LAKELAND, FL 33813  D () Delete BARKER, JANICE 1080 WOODCOCK ROAD SUITE 280	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address:	()Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BURMA DAVIS POSEY PRES 07/06/2005