

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006200

1. Entity Name
CYPRESS RIDGE EAST PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business
115 EAST NEW HAVEN AVE
MELBOURNE, FL 32901

Mailing Address
ATTN: RICK WAGNER, SECRETARY
115 EAST NEW HAVEN AVE
MELBOURNE, FL 32901



02062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 54-2136060 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, RICK
115 EAST NEW HAVEN AVE
MELBOURNE, FL 32901

**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

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

000000436001
02/27/06-80019-001 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HACKER, MARCOS
STREET ADDRESS	2294 KENT ST NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	DVP
NAME	FREEMAN, FRED
STREET ADDRESS	400 SO RIVERSIDE DR
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	DS
NAME	WAGNER, RICK
STREET ADDRESS	1451 ANGLERS DR NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	DT
NAME	FOLEY, STRAWBERRI
STREET ADDRESS	200 STRAWBERRI LN
CITY-ST-ZIP	MELBOURNE BEACH, FL 32957
TITLE	D
NAME	CAMERON, GARY
STREET ADDRESS	322 DANDURAND ST
CITY-ST-ZIP	PALM BAY, FL 32908
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

Day/Mo/Year

2/16/06