

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90021 007 \*\*\*\*70.00

**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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HACKER, MARCOS  
2294 KENT ST NE  
PALM BAY, FL 32907** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
Rick Wagner  
1451 Anglers Dr, NE  
Palm Bay, FL 32905** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
FREEMAN, FRED  
400 SO RIVERSIDE DR  
INDIALANTIC, FL 32903** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
Donald Foley  
200 Strawberry Lane  
Melbourne Beach, FL 32951** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
WAGNER, RICK  
1451 ANGLERS DR NE  
PALM BAY, FL 32905** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
Fran Wagner  
1451 Anglers Dr, NE  
Palm Bay, FL 32905** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
FOLEY, STRAWBERRI  
200 STRAWBERRI LN  
MELBOURNE BEACH, FL 32957** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CAMERON, GARY  
322 DANDURAND ST  
PALM BAY, FL 32908** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Fred Freeman  
2369 Brookside Dr  
Indialantic, FL 32903** ☐ Change ☒ Addition

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:**

*Strawberry Foley*, Strawberry Foley, Treasurer 3/14/08 321 253 8998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #