

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006200

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** CYPRESS RIDGE EAST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

115 EAST NEW HAVEN AVE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 54-2136060      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WAGNER, RICK  
115 EAST NEW HAVEN AVE  
MELBOURNE, FL 32901      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:** DP  
**Name:** WAGNER, RICK  
**Address:** 1451 ANGLERS DR NE  
**City-St-Zip:** PALM BAY, FL 32905

**Title:** DVP  
**Name:** FOLEY, DONALD  
**Address:** 3851 ATLANTIC RIDGE LANE  
**City-St-Zip:** GRANT, FL 32949

**Title:** DS  
**Name:** WAGNER, FRAN  
**Address:** 1451 ANGLERS DR NE  
**City-St-Zip:** PALM BAY, FL 32951

**Title:** DT  
**Name:** FOLEY, STRAWBERRI  
**Address:** 3851 ATLANTIC RIDGE LANE  
**City-St-Zip:** GRANT, FL 32949

**Title:** D  
**Name:** CAMERON, GARY  
**Address:** 3890 ATLANTIC RIDGE LANE  
**City-St-Zip:** GRANT, FL 32949

**Title:** D  
**Name:** FREEMAN, FRED  
**Address:** 2369 BROOKSIDE DR  
**City-St-Zip:** INDIALANTIC, FL 32903

I hereby 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 all other like empowered.

SIGNATURE: STRAWBERRI FOLEY

D

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date