

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000010070**

1. Entity Name  
**CYPRESS CREEK GOLF COMMUNITY PRESERVATION  
GROUP INC.**



Principal Place of Business  
**5161 CYPRESS CREEK DRIVE  
ORLANDO, FL 32811**

Mailing Address  
**5161 CYPRESS CREEK DRIVE  
ORLANDO, FL 32811 US**



04022006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0405220**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, MARK J  
5161 CYPRESS CREEK DRIVE  
ORLANDO, FL 32811**

**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 renewing)

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MILLER, MARK J  
5161 CYPRESS CREEK DRIVE  
ORLANDO, FL 32811**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BROASSARD, LILA L  
5314 CYPRESS CREEK DR.  
ORLANDO, FL 32811**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000501409  
04/25/06-80058-021 61.25

**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 any other like empowered.

**SIGNATURE:**

*Mark J. Miller* **MARK J. MILLER**

**4-3-06**

**407 766 8150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #