2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004132

Entity Name: CYPRESS SHORES TOWNHOMES INC.

FILED Feb 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9658 EAGLE POINT LN. 12598-12614 WESTHAMPTON CIRCLE LAKE WORTH, FL 33467

WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

9658 EAGLE POINT LN LAKE WORTH, FL 33467

FEI Number: 20-2382535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHRECKENHOST, TUOI SCHRECKENGOST, TUOI 9658 EAGLE POINT LN. 9658 EAGLE POINT LN. LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 US

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: TUOI SCHRECKENGOST 02/23/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SLUTH, ROBERT SCHRECKENGOST, TUOI Name: Name: 1201 Address: 9658 EAGLE POINT LANE Address:

City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: LAKE WORTH, FL 33467

Title: Title: (X) Change () Addition () Delete Name: CUOMO, PETER Name: KAPPLER, KAY

Address: 601 HOWARD CREEK LN Address: P O BOX 40 City-St-Zip: STUART, FL 34994 City-St-Zip: BARRINGTON, IL 60011

Title: () Delete Title: **TREA** (X) Change () Addition

SLUTH, SUSAN Name: LANGE, MICHAEL Name:

12614 WESTHAMPTON CIRCLE Address: 1201 Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: WELLINGTON, FL 33414

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: TUOI SCHRECKENGOST **PRES** 02/23/2005