2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Aug 11, 2005 8:00 am Secretary of State **DOCUMENT # N04000005382** 08-11-2005 90005 049 ****61.25 CYPRESS CREEK PHASE TWO HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3319 BAYSIDE LAKES BLVD SE 3319 BAYSIDE LAKES BLVD SE 50061102 PALM BAY, FL 32909 PALM BAY, FL 32909 2. Principal Place of Business 3. Mailing Address PO BAY 100130 770 north Drive Suite, Apt. #, etc. Suita, Apt. #, etc. 07112005 Chg-NP CR2E037 (10/03) Suite A City & State City & State Applied For 4. FÉI Number IL a Alm Ba 20-2276 Not Applicable Country \$8.75 Additional WS 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEFFERIES, BENJAMIN E 3310 BAYSIDE LAKES BLVD-SE Street Address (P.O. Box Number is Not Acceptable) PALM BAY, FL 32909 --770 NORTH DRIVE; SUITE CITY MEUSOBRUE 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 INOTE: Registered Agent signature required when minstating) Skanature sistered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Delete TITLE (2) Change ☐ Addition JEFFERIES, BENJAMIN E NAME NAME 770 NORTH DR., SUITE A STREET ADDRESS 3919 BAYSIDE LAKES BLVD.SE STREET ANDRESS CITY-ST-ZIP PALM BAY, FL 32909 CITY-ST-ZIP MELBOURNE, FL 32934 מ TITLE Delete TITLE ☐ Addition MINNEBOO, HENRY NAME NAME 770 NORTH DR., SUITEH STREET ADDRESS 3319 BAYSIDE LAKES BLVD-SE-STREET ADDRESS **PALM BAY, FL. 32909** CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32934 DVST TITLE TITLE Change ☐ Delete ☐ Addition THOMPSON, RONALD NAME NAME 770 NORTH DR-, SUITE A 3319 BAYSIDE LAKES BLVD-6E-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32909-CITY-ST-ZIP WELBOURNE, FL 32934 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ■ Addition TITLE Change NAME NAME

FILED

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

STREET ADDRESS

STREET ADDRESS

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TITLE

NAME

☐ Delete

SIGNATURE:	8 6. M	8/5/05	321-952-2414
SIGNATUR	AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Data	Daytime Phone #