

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 15 PM 12:01

DOCUMENT # N04000005382	
1. Entity Name CYPRESS CREEK PHASE TWO HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 770 NORTH DRIVE SUITE A MELBOURNE, FL 32934 US	Mailing Address P.O. BOX 100130 PALM BAY, FL 32910-0130 US
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2. Principal Place of Business - No P.O. Box # 3908 Gardenwood Cir	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GIANT, FL	City & State
Zip 32949	Country USA



11142008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2226296	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
JEFFERIES, BENJAMIN E 770 NORTH DRIVE SUITE A MELBOURNE, FL 32934	
7. Name and Address of New Registered Agent	
Name MARIE THIBODEAUX	
Street Address (P.O. Box Number is Not Acceptable) Bayside Management Services	
3908 Gardenwood Cir	
City GIANT-VALKARIA	FL Zip Code 32949

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 Marie Thibodeaux, Agent MARIE THIBODEAUX 11-17-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEFFERIES, BENJAMIN E 770 NORTH DRIVE SUITE A MELBOURNE, FL 32934 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Heidi Peter 4029 Gardenwood Cir GIANT-VALKARIA, FL 32949 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINNEBOO, HENRY 770 NORTH DRIVE SUITE A MELBOURNE, FL 32934 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Coates, Gordon 5717 Cypress Creek Dr. GIANT-VALKARIA, FL 32949 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST THOMPSON, RONALD 770 NORTH DRIVE SUITE A MELBOURNE, FL 32934 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Murray, Bolvis 3918 Gardenwood Cir GIANT-VALKARIA, FL 32949 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [Signature] 11-15-08 321-676-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #