2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N04000005382 CYPRESS CREEK PHASE TWO HOMEOWNERS ASSOCIATION, INC. 08 DEC 15 PM 12: 01 Principal Place of Business Mailing Address 770 NORTH DRIVE P.O. BOX 100130 **SUITE A** PALM BAY, FL 32910-0130 US MELBOURNE, FL 32934 2. Principal Place of Business - No P.O. Box # 3908 GAT den Wools Cil 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 11142008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 20-2226296 Applied For GIANT Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFFERIES, BENJAMIN E 770 NORTH DRIVE SUITE A MELBOURNE, FL 32934 olAnt-Vallain 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 Fiorida. I am familiar with, and accept MARIC Thibadeaux of registered agent and title if (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE Change ☐ Addition TITLE **D**elete Heidt, Peter 4029 Gardenwood Cil JEFFERIES, BENJAMIN E NAME 770 NORTH DRIVE SUITE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32934 CITY-ST-ZIP Glant-VALLACIA, FL 32949 TITLE -Change ■ Addition TITLE Delete MINNEBOO, HENRY NAME Coates, Gordon 5717 Cypiess Creek on, 770 NORTH DRIVE SUITE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32934 CITY-ST-ZIP Grant-VAIKaRia, A DVST Delete ☐ Addition Mureay, Bolvis cir THOMPSON, RONALD NAME NAME 770 NORTH DRIVE SUITE A STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32934 CITY-ST-ZIP CITY-ST-ZIP 32949 GIAMT-VALKANIA, A TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-676-6446