

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90034 040 ****61.25

DOCUMENT # N04000005720 1. Entity Name CYPRESS SPRINGS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1401 HWY A1A SUITE 203 VERO BEACH, FL 32963			Mailing Address 1401 HWY A1A SUITE 203 VERO BEACH, FL 32963		
2. Principal Place of Business 110 South 2nd Street Suite, Apt. #, etc.		3. Mailing Address 110 South 2nd Street Suite, Apt. #, etc.		0112006 Chg-NP CR2E037 (11/05)	
City & State Fort Pierce, FL 34950 Zip Country 34950 USA		City & State Fort Pierce, FL 34950 Zip Country 34950 USA		4. FEI Number 20-1854642	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CASALINO, GREGG M ESQ 3111 CARDINAL DR VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) 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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD HENRIQUEZ, LEOPOLDO 1401 HWY A1A SUITE 203 VERO BEACH, FL 32963	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENRIQUEZ, LEOPOLDO JR 1401 HWY A1A SUITE 203 VERO BEACH, FL 32963	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, RONALD 1401 HWY A1A SUITE 203 VERO BEACH, FL 32963	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 filers incorporated.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<i>1/17/06</i> <i>772/251-6900</i> Date Daytime Phone #					