

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007591

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: CYPRESS SHADOWS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

## New Principal Place of Business:

## Current Mailing Address:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

## New Mailing Address:

FEI Number: 34-2009423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HART, JAMES W JR  
2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: JAMES W HART JR

04/10/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BREWER, MARK  
Address: 4360 SPRING BLOSSOM DR  
City-St-Zip: KISSIMMEE, FL 34746

Title: VPD ( ) Delete  
Name: ROLLINS, WILLIAM  
Address: 4426 SPRING BLOSSOM DR  
City-St-Zip: KISSIMMEE, FL 34746

Title: SD ( ) Delete  
Name: DAVIS, RITA  
Address: 2110 WOODSEdge DR  
City-St-Zip: KISSIMMEE, FL 34746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: MILLS, HUGH  
Address: 4452 SPRING BLOSSOM DR  
City-St-Zip: KISSIMMEE, FL 34746

Title: PD (X) Change ( ) Addition  
Name: ROLLINS, WILLIAM  
Address: 4426 SPRING BLOSSOM DR  
City-St-Zip: KISSIMMEE, FL 34746

Title: SD (X) Change ( ) Addition  
Name: WALLACE, SONJA  
Address: 4370 SPRING BLOSSOM DR  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM ROLLINS

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date