2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State
05-05-2006 90180 010 ****61.25

66021226

DOCUMENT # N04000007839

1. Entity Name
CYPRESSWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11500 OLD TAMPA BAY DRIVE SAN ANTONIO, FL 33576	11500 OLD TAMPA BAY DRIVE SAN ANTONIO, FL 33576

2. Principal Place of Business	3. Mailing Address
4131 Gunn Highway Tampa, FL 33618	4131 Gunn Highway Tampa, FL 33618
Zip / Country	Zip / Country

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-2614792
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TYLER, JONNIE R. 11500 OLD TAMPA BAY DRIVE SAN ANTONIO, FL 33576	Name St Frank Friscia 500 North Westshore Blvd. Ste. 830 Ci Tampa, FL 33609 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: _____ 6/26/06
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	PD KREIFF, ROBERT 3300 UNIVERSITY DRIVE, SUITE 100 CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Toni Collado 4131 Gunn Highway Tampa, FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ARCARO, LAUREN 3300 UNIVERSITY DRIVE, SUITE 100 CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Martha A Stirling 4131 Gunn Highway Tampa, FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEIKERT, PAUL 3300 UNIVERSITY DRIVE, SUITE 100 CORAL SPRINGS, FL 33065	☒ 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
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: _____ Martha A. Stirling 6/13/06 813/929-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #