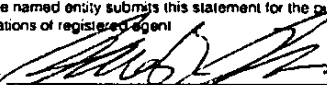


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-05-2006 90180 010 ****61.25

DOCUMENT # N04000007839 1. Entity Name CYPRESSWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.					
Principal Place of Business 11500 OLD TAMPA BAY DRIVE SAN ANTONIO, FL 33576			Mailing Address 11500 OLD TAMPA BAY DRIVE SAN ANTONIO, FL 33576		
2. Principal Place of Business 4131 Gunn Highway Tampa, FL 33618			3. Mailing Address 4131 Gunn Highway Tampa, FL 33618		
Zip _____ Country _____		Zip _____ Country _____		4. FEI Number 20-2614792	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TYLER, JONNIE R. 11500 OLD TAMPA BAY DRIVE SAN ANTONIO, FL 33576			7. Name and Address of New Registered Agent Name _____ Su Frank Friscia 500 North Westshore Blvd. Ste. 830 Tampa, FL 33609 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  DATE <u>6/26/06</u> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering)					
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: <u>Martha A. Stirling</u> <u>6/13/06</u> <u>813/929-3040</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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