2007 NOT-FOR-PROFIT CORPORATION

Feb 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N04000007839 02-16-2007 90026 021 ****61.25 CYPRESSWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC. 40018680 Principal Place of Business Mailing Address 4131 GUNN HIGHWAY 4131 GUNN HIGHWAY **TAMPA, FL 33618** TAMPA, FL 33618 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 Cha-NP CR2E037 (12/06) 4. FEI Number 20-2614792 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRISCIA, FRANK 500 NORTH WESTSHORE BLVD. STE. 830 Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33609 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 (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Addition TITLE COLLADO, TONI NAME Guifaure Pradieu NAME STREET ADDRESS 4131 Gunn Highway STREET ADDRESS 4131 GUNN HIGHWAY Tampa, FL 33618 CITY-ST-ZIP **TAMPA, FL 33618** CITY-ST-ZIP TD STD Delete TITLE Addition TITLE Carmen Agosto STIRLING, MARTHA A NAME NAME 4131 Gunn Highway STREET ADDRESS 4131 GUNN HIGHWAY STREET ADDRESS Tampa, FL 33618 CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP SD TITLE ☐ Delete TITLE Addition XX Alex Stirling NAME NAME STREET ADDRESS STREET ADDRESS 4131 Gunn Highway CITY-ST-ZIP Tampa, FL 33618 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

IG OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

2-8-07

Daytime Phone #

FILED

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

V-6085

DOCUMENT # N0400007839 E - Entity Name CYPRESSWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.						663		
Principal Plac 4131 GUNN TAMPA, FL		Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33618	_			10100		
2. Principal Place of Business - No P.O. Box # 3. M		# 3. Mailing Address	Mailing Address		400	18680		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02062007 Chg	-NP CR2E	037 (12/06)	
City & State		City & State	City & State		4. FEI Number 20-2614792	!		plied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired			
	urrent Registered Agent			7. Name and Addre	ss of New Registere	d Agent		
FRISCIA, FRANK 500 NORTH WESTSHORE BLVD. STE. 830				Name Street Address ((P.O. Box Number is Not Acceptable)			
TAMPA, F	L 33609					,		
			i	City		F	Zip Code	B
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.								and accept
SIGNATURE								
SIGNATORE	Signature, typed or printed name of register	red agent and title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		ck payable to artment of St	
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10
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NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	NAME STREE CITY-: TITLE NAME STREE	T ADDRESS ST-ZIP			<u> </u>	