2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-10-2006 90287 010 ****61.25

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DOCUMENT # N05000004535

1. Entity Name
VILLA D'ESTE AT CYPRESS CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
325 SOUTH BOULEVARD TAMPA, FL 33606	325 SOUTH BOULEVARD TAMPA, FL 33606

2. Principal Place of Business	3. Mailing Address
3634 Gaviota Dr.	3634 Gaviota Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ruskin, FL	City & State: Ruskin, FL
Zip: 33573 Country: Hillsborough	Zip: 33573 Country: Hillsborough

04052006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0476405 ☐ 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
JAMES, JUDITH L 325 SOUTH BOULEVARD TAMPA, FL 33606	Name: Michael L. Miller Street Address (P.O. Box Number is Not Acceptable): 3634 Gaviota Dr. City: Ruskin FL Zip Code: 33573

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. Michael L. Miller, President

SIGNATURE _____ 4/14/06 (813) 633-0900
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	D MILLER, MICHAEL L 3634 GAVIOTA DRIVE RUSKIN, FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARRETT, JUDY 3634 GAVIOTA DRIVE RUSKIN, FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, MICHAEL L 614 SUPERIOR AVENUE NW #200 CLEVELAND, OH 44113	☐ 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: Michael L. Miller, President 4/14/06 (813) 633-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #