


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000010249</b> 1. Entity Name CYPRESS CREEK OF WALTON OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 151 REGIONS WAY SUITE 1-C DESTIN, FL 32541	Mailing Address 151 REGIONS WAY SUITE 1-C DESTIN, FL 32541
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-NP CR2E037 (4/08)

4. FEI Number 20-3613582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
PLEAT, DAVID B  
4477 LEGENDARY DR SUITE 202  
DESTIN, FL 32541

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required 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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEWITT, MICHAEL B 151 REGIONS WAY SUITE 1-C DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, K SCOTT 4807 BONAIRE CAY DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAMBARELLA, LOVENICE J 205 CHOCTAW DR HOUMA, LA 70360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000747557  
05/17/07-80029-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

226-07 850.650.8743  
Date Daytime Phone #