2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State
06-20-2005 90001 050 ****61.25

DOCUMENT # N06388

1. Entity Name
CYPRESS WILLOWS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1191 OLDSMAR, FL 34677 US	P.O. BOX 1191 OLDSMAR, FL 34677 US

06062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
218 E. Bearss Ave	218 E. Bearss Ave
Suite, Apt. #, etc.: PMB 241	Suite, Apt. #, etc.: PMB 241
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33613-1625 Country: USA	Zip: 33613 Country: USA

4. FEI Number 59-2651948 ☐ 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
DORREMAN, ELAINE 4010 CYPRESS WILLOWS CT. TAMPA, FL 33614	Name: CONDOMINIUM ALLIANCE MNGT. CORP Street Address (P.O. Box Number is Not Acceptable): 13309 WINDING OAK CT STE "B" City: TAMPA FL Zip Code: 33612

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: Raymond J Cram JUNE 6 2005
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 September 7, 2005

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 DORREMAN, ELAINE 4010 CYPRESS WILLOWS CT TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres FERNANDEZ, RICHARD 4007 CYPRESS WILLOW CT TAMPA, FL, 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FOX, JOE 4012 CYPRESS WILLOWS CT TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. Pres WATSON, TANYA 4014 CYPRESS WILLOW CT TAMPA, FL 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BURNES, FLO 4002 CYPRESS WILLOWS CT. TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS FIDALGO, EMMA 4004 CYPRESS WILLOW CT TAMPA, FL. 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC GONZALEZ, JILL 4009 CYPRESS WILLOW CT. TAMPA, FL, 33614	☐ 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 exemption stated in Section 119.07(3)(i), 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: Tanya Watson 6/16/05 885-5687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #