2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 04, 2006 8:00 am Secretary of State DOCUMENT # N06388 05-04-2006 90216 039 ****61.25 1. Entity Name CYPRESS WILLOWS PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40083686 218 E BEARSIS AVENUE 218 E BEARSIS AVENUE PMB 241 PMB 241 TAMPA, FL 33613-1625 US TAMPA, FL 33613-1625 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 59-2651948 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HLUANCE MINGS. <u>mululinatua</u> CONDOMINUM ALLIAMCE MANAGEMENT CORP. 13309 WINDING OAK COURT Street Address (P.O. Box Number is Not SUITE "B" TAMPA, FL 33612 Zip Code 33613 TAMOA 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. , aluam (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check pavable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Pres Addition ☐ Change FERNANDER, RICHARD NAME NAME ELAINE DORREMAN HOIO CHPTESS WILLOW CT. STREET ADDRESS 4007 CYPRESS WILLOW COURT STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 CITY-ST-ZIP TAMPA FL 33614 Delete TITLE VP TITLE Change **Addition** WATSON, TANYA NAME NAME WILLIAM WILENSKY 4014 CYPRESS WILLOW COURT STREET ADDRESS STREET ADDRESS 4016 cypress whuch ct TAMPA, FL 33614 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33614 TITLE Delete TITLE trea Isec ☐ Change Addition FIDALGO, EMMA NAME NAME teresa Jones STREET ADDRESS 4004 CYPRESS WILLOW COURT STREET ADDRESS 4008 CYPRESS WILLOW CT. CITY-ST-ZIP TAMPA, FL 33614 CITY-ST-ZIP TAMPA FL 33614 TITLE Delete TITLE ☐ Change ■ Addition GONZALEZ, JILL NAMÉ NAME STREET ADDRESS 40099 CYPRESS WILLOW COURT STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614z CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. _ TITLE Detete _ NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP 12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee employeered 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

other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED