



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90017 037 \*\*\*\*61.25

<b>DOCUMENT # N06388</b> 1. Entity Name CYPRESS WILLOWS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 218 E BEARSIS AVENUE PMB 241 TAMPA, FL 33613-1625 US			Mailing Address 218 E BEARSIS AVENUE PMB 241 TAMPA, FL 33613-1625 US		
2. Principal Place of Business - No P.O. Box # 4218 N. Riverside Drive Suite, Apt. #, etc.			3. Mailing Address P.O. Box 7692 Suite, Apt. #, etc.		
City & State Tampa, Florida			City & State Tampa, Florida		
Zip 33603-3112		Country Hillsborough		4. FEI Number 59-2651948	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONDOMINIUM ALLIANCE MANAGEMENT CORP. 218 E BEARSS AVE 241 TAMPA, FL 33613			7. Name and Address of New Registered Agent Name: Richard R. Kosan esq. Street Address (P.O. Box Number is Not Acceptable) 112 W. Windhorst Road City: Brandon FL Zip Code: 33510		
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: <u>RICHARD R. KOSAN ESQ</u>  3/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KEHOE, MARY K 4001 CYPRESS WILLOW CT TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BELISARIO, MARTINEZ 4002 CYPRESS WILLOW CT TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SWANSON, TERI 4012 CYPRESS WILLOW CT TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
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: <u>Mary K. Kehoe</u> <u>MARY K. KEHOE</u> <u>3/6/08</u> <u>813 7480885</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					