

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90245 013 \*\*\*\*61.25



**DOCUMENT # N08787**  
 1. Entity Name  
**CYPRESS CREEK MOBILE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 1681 P.O. BOX 1681  
 LEESBURG FL 34748 LEESBURG FL 34748



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)  
 4. FEI Number **NO-T APPLICABLE**  
 Applied For Not Applicable

6. Name and Address of Current Registered Agent  
**COLLING, LEE JAY**  
**682 MAITLAND AVE**  
**ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: 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	<b>P</b> <b>PHARIS, BILL</b> <b>28944 HUBBARD ST #49</b> <b>LEESBURG FL 34748</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>BRUMBAUGH, CAL</b> <b>28944 HUBBARD ST #27</b> <b>LEESBURG FL 34748</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>EVANS, CATHY</b> <b>28944 HUBBARD ST., #110</b> <b>LEESBURG FL 34748</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>ARBASAK, RICH</b> <b>28944 HUBBARD ST #96</b> <b>LEESBURG FL 34748</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KLUCIK, BOB</b> <b>28944 HUBBARD ST #47</b> <b>LEESBURG FL 34748</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>OLSSON, KARL</b> <b>28944 HUBBARD ST #7</b> <b>LEESBURG FL 34748</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<b>P JONES, PRESTON</b> <del>PRESTON BONES</del> <b>28944 HUBBARD ST #41</b> <b>LEESBURG, FL. 34748</b>
			<b>V</b> <b>TAYLOR, DONALD</b> <b>28944 HUBBARD ST. #38</b> <b>LEESBURG, FL. 34748</b>
			<b>SO</b> <b>ST. AMANDA, ANITA</b> <b>28944 HUBBARD ST. #30</b> <b>LEESBURG, FL. 34748</b>
			<b>D</b> <b>EAST, ELYE</b> <b>28944 HUBBARD ST. #32</b> <b>LEESBURG, FL. 34748</b>
			<b>D</b> <b>CASE, FOREST</b> <b>28744 HUBBARD ST. #119</b> <b>LEESBURG, FL. 34748</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Richard T. Arbasak* **RICHARD T. ARBASAK** *5-3-06* **352-728-1550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #