

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90051 019 ****80.00

DOCUMENT # N08787

1. Entity Name
 CYPRESS CREEK MOBILE HOMEOWNERS ASSOCIATION, INC.



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

Mailing Address
 P.O. BOX 1681
 LEESBURG, FL 34748

60002158



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

Zip Country Zip Country

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

COLLING, LEE JAY
 682 MAITLAND AVE
 ALTAMONTE SPRINGS, FL 32701

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 _____
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 May 1, 2007

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JONES, PRESTON	
STREET ADDRESS	28944 HUBBARD ST #49	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, DONALD	
STREET ADDRESS	28944 HUBBARD ST #27	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMANA, ANITA	
STREET ADDRESS	28944 HUBBARD ST., #110	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ARBASAK, RICH	
STREET ADDRESS	28944 HUBBARD ST #96	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EASY, ELISIL	
STREET ADDRESS	28944 HUBBARD ST #47	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOREST, CASE	
STREET ADDRESS	28944 HUBBARD ST #7	
CITY-ST-ZIP	LEESBURG, FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, DONALD	
STREET ADDRESS	28944 HUBBARD ST, #27	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELD JERRY	
STREET ADDRESS	28944 HUBBARD ST, #102	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST AMAND, ANITA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIGGINS, ROBERT	
STREET ADDRESS	28944 HUBBARD ST, #33	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLEN, BOB	
STREET ADDRESS	28944 HUBBARD ST, #31	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, VICTOR	
STREET ADDRESS	28944 HUBBARD ST, #111	
CITY-ST-ZIP	LEESBURG, FL 34748	

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: ROBERT R WIGGINS *R Wiggins* 1-11-07 (852)323-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #