

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90068 002 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02202008 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, DONALD 28944 HUBBARD ST., #27 LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELD, JERRY 28944 HUBBARD ST. #102 LEESBURG, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELO, JERRY 28944 HUBBARD ST., #102 LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, SKIP 28944 HUBBARD ST. #98 LEESBURG, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ST AMAND, ANITA 28944 HUBBARD ST., #110 LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ST AMAND, ANITA 28944 HUBBARD ST. #20 LEESBURG, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIGGINS, ROBERT 28944 HUBBARD ST #33 LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wiggins, Robert 28944 Hubbard St. #33 LEESBURG, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLEN, BOB 28944 HUBBARD ST., #31 LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, VICTOR 28944 HUBBARD ST. #111 LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORHEAD, Dorothy 28944 Hubbard St. #30 LEESBURG, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>Dorothy M. Moorhead</u> <u>Dorothy M. Moorhead</u> <u>2-22-08</u> <u>352-365-7834</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>					