


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	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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, 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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, DONALD		NAME	ELD, JERRY	
STREET ADDRESS	28944 HUBBARD ST., #27		STREET ADDRESS	28944 HUBBARD ST. #102	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELO, JERRY		NAME	ANDERSON, SKIP	
STREET ADDRESS	28944 HUBBARD ST., #102		STREET ADDRESS	28944 HUBBARD ST. #98	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST AMAND, ANITA		NAME	St AMAND, ANITA	
STREET ADDRESS	28944 HUBBARD ST., #110		STREET ADDRESS	28944 HUBBARD ST. #20	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, ROBERT		NAME	Wiggins, Robert	
STREET ADDRESS	28944 HUBBARD ST #33		STREET ADDRESS	28944 HUBBARD ST. #33	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLEN, BOB		NAME		
STREET ADDRESS	28944 HUBBARD ST., #31		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, VICTOR		NAME	MOORHEAD, Dorothy	
STREET ADDRESS	28944 HUBBARD ST. #111		STREET ADDRESS	28944 HUBBARD ST. #30	
CITY-ST-ZIP	LEESBURG, FL 34748		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: <i>Dorothy M Moorhead</i>		<i>Dorothy M. Moorhead</i>		<i>2-22-08 352-365-7834</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TREASURER		Date Daytime Phone #	