2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 17, 2008 8:00 am **Secretary of State DOCUMENT # N09618** 01-17-2008 90026 048 ****61.25 THE HOMEOWNER'S ASSOCIATION OF CYPRESS COVE, INC. Principal Place of Business Mailing Address P.O. BOX 933 P.O. BOX 933 LUTZ, FL 33549 LUTZ, FL 33549 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 59-2936085 City & State City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRKPATRICK, MELISSA 21631 TEAL COURT Street Address (P.O. Box Number is Not Acceptable) LUTZ, FL 33549 City 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 (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, . Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE Delete TOTAL - Change Hilger, Charles HIGER, CHARLES NAME NAME: 1727 OSPREY LANE 1727 Osprana STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP Delete ☐ Change ■ Addition NAME NAGY, CANDY NAME 21629 TEAL CT STREET ADDRESS STREET ADDRESS CITY-ST-ZP LUTZ, FL 33549 CITY-ST-ZIP TITLE Delete TITLE Change Addition KIRKPATRICK, MELISSA Kirkpatrick, Melissa NAME NAME 21631 Teal C+ STREET ADORESS 21631 TEAL CT STREET ADDRESS LUTZ, FL LUTZ, FL 33549 CITY-ST-ZIP CITY-ST-ZIP Delete **Z** Change ☐ Addition Bell, Charles BELL, CHARLES NAME STREET ADDRESS 21625 NESTING CT STREET ADDRESS 21625 Nesting Ct CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-AP Lutz, FL 33549 ☑ Delete nn e TITLE ☐ Change **Addition** GEORGE J. GLASS 1744 OSPREY LH NAME RAHMINGS, HERBERT NAME STREET ADORESS 1723 OSPREY LANE STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP LUTZ FL 35549 TITLE Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-7/P

SIGNATURE:

813-465 93/1)

FILED