

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90017 044 ****61.25

DOCUMENT # N11041 1. Entity Name CYPRESS M MASTER COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1644 CYPRESS POINTE DR. CORAL SPRINGS, FL 33071				Mailing Address 348 CROFTON DRIVE OCOEE, FL 34761	
2. Principal Place of Business - No P.O. Box # 7071 W. Commercial Blvd.		3. Mailing Address 7071 W. Commercial Blvd.			
Suite, Apt. #, etc. Suite 2B		Suite, Apt. #, etc. Suite 2B			
City & State Tamarac, FL		City & State Tamarac, FL			
Zip 33319		Country USA		01022007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2603597		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRACKLEN, NEVILLE 348 CROFTON DRIVE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name ROBERT C. MARTIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) Martin & Bennis, P.A. 319 S.E. 14th Street City Ft. Lauderdale FL Zip Code 33316			
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 1-7-07 <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, 2007		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 SPRACKLEN, NEVILLE XXX Delete 348 CROFTON DRIVE OCOEE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D <input type="checkbox"/> Change XXX Addition Miguel Pulecio 1603 Cypress Pointe Drive Coral Springs, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V XXX Delete SAVIN, ROBERT 1698 CYPRESS POINTE DRIVE CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/D <input type="checkbox"/> Change XXX Addition Evern Fletcher 1637 Cypress Pointe Drive Coral Springs, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete DEL VALLE, ROSE 1662 CYPRESS POINTE DRIVE CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XXX Change <input type="checkbox"/> Addition Rose Del Valle 1662 Cypress Pointe Drive Coral Springs, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Miguel Pulecio 1-5-07 954-509-0338 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					