

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12063

FILED  
Mar 06, 2006  
Secretary of State

**Entity Name:** CYPRESS CREEK/ORLANDO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W STATE RD 434  
SUITE 5000  
LONGWOOD, FL 327795008

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W STATE RD 434  
SUITE 5000  
LONGWOOD, FL 327795008

**New Mailing Address:**

**FEI Number:** 59-2675628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: RODATZ, CANDICE  
Address: 4903 WALDEN CIR  
City-St-Zip: ORLANDO, FL 32811

Title: PD ( ) Delete  
Name: MACARONIS, BETSY  
Address: 4845 WALDEN CIR  
City-St-Zip: ORLANDO, FL 32811

Title: STD ( ) Delete  
Name: DOOLEY, SHEELAGH  
Address: 4927 WALDEN CIRCLE  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: FARIAS, PATRICIA  
Address: 4913 WALDEN CIR  
City-St-Zip: ORLANDO, FL 32811

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: SONBERG, ZACH  
Address: 645 ROBERTA AVE  
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETSY MACARONIS

PD

03/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date