


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N15316 1. Entity Name CYPRESS LAKES AT BOCA RIO HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 8181 E. TUFTS AVENUE, STE. 510 DENVER, CO 80237 US	Mailing Address 8181 E. TUFTS AVENUE, STE. 510 DENVER, CO 80237 US
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04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2690954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEAFFER, STEVEN A 8181 E. TUFTS AVENUE, STE. 510 DENVER, CO 80237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEINER, MICHAEL A 200 SPRUCE STREET, STE. 200 DENVER, CO 80230
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD O'CONNELL, WILLIAM S 500 VICTORY ROAD NORTH QUINCY, MA 02171
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POCKROSS, KEITH M 1200 17TH ST, STE. 2400 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000141237
04/30/04-80001-016 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Steven M. Leaffer	4/29/04	303-220-1384
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>