2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N16330

1. Entity Name
CYPRESS BRIDGE HOMEOWNERS ASSOCIATION, INC.



FILED Feb 20, 2007 8:00 am Secretary of State 02-20-2007 90037 047 ****61.25

OT RES	O BINDOL HOMEOWINERO	7,000 G/X 110 11, 1110.							
C/O MAY MGMT. SERVICES, INC. 10036 SAWGRASS DRIVE, SUITE 1		Mailing Address C/O MAY MGMT. SERVICES, INC. 10036 SAWGRASS DRIVE, SUITE 1 PONTE VEDRA BEACH, FL 32082			40020710				
			- 02002						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	·					OFF OCCUPE DI DIA DADA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,	02082007	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number 59-28599	61		<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add	litional
 .	6. Name and Address of Current R	egistered Agent			7. Name and Ad	idress of New	Registered	<u></u>	
MAY MCM	IT CERVICES INC		Name						
MAY MGMT SERVICES,INC 10036 SAWGRASS DR STE 1			Street A	daress (F	O. Box Number i	s Not Acceptab	le)		
	EDRA BEACH, FL 32082								
	1. ¹⁰ .		City			<u> </u>	FL	Zip Code	e
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	register	ed agent, or both,	in the State of F	lorida. I am	familiar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE									
GIGITI II GILE	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE R	legistered Agent signet	ure required	when reinstating)		DATE		
1									
	Filing Fee is \$61.25	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees	1		k payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2007	Trust Fund Con			Added to Fees	Flo	orida Depa	rtment of Si	tate
10.	Filing Fee is \$61.25	Trust Fund Con	ntribution.	, ,	Added to Fees ADDITIONS/CHAN	GES TO OFFIC	erida Depa ERS AND D	RECTORS IN	tate
TITLE	Fiting Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRI D WALKER, VAUGHAN	Trust Fund Cor	ntribution.	, ,	Added to Fees ADDITIONS/CHAN	GES TO OFFIC	erida Depa ERS AND D	RECTORS IN	tate
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12. Thereby certify that the information supplied with this filling 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: