

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90501 031 \*\*\*\*61.25

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<b>DOCUMENT # N17208</b> 1. Entity Name CYPRESS SPRINGS OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O KL MANAGEMENT GROUP, INC. 100 E. SYBELIA AVENUE, SUITE 130 MAITLAND, FL 32751			Mailing Address C/O KL MANAGEMENT GROUP, INC. 100 E. SYBELIA AVENUE, SUITE 130 MAITLAND, FL 32751		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2762596</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KL MANAGEMENT GROUP, INC. 100 E. SYBELIA AVENUE, SUITE 130 MAITLAND, FL 32751				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONWAY, MICHAEL		NAME		
STREET ADDRESS	1870 BRANCHWATER TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENN, DANIEL		NAME	Henn, Daniel	
STREET ADDRESS	10778 SPRINGBROOK LN		STREET ADDRESS	10778 Springbrook Ln	
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIEBZAK, KEITH		NAME	Kiebzak, Keith	
STREET ADDRESS	1837 BLUE CT		STREET ADDRESS	1837 Blue Fox Court	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEYSE, KAREN		NAME	Wade, Jerry	
STREET ADDRESS	10693 SATINWOOD CIR		STREET ADDRESS	1822 Branchwater Trail	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLOTFELTY, RICHARD		NAME	Glotfelty, Richard	
STREET ADDRESS	1704 BRANCHWATER TRAIL		STREET ADDRESS	1704 Branchwater Trail	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEMPSTEAD, DEBRA		NAME	Scott, Jonathan	
STREET ADDRESS	1724 BUCKHORN PLACE		STREET ADDRESS	10225 Forget-Me-Not Court	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32825	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/25/05</b>		
			Daytime Phone # <b>407/740-8081</b>		