

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90086 020 \*\*\*\*61.25

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02142007 Chg-NP CR2E037 (12/06)

<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 - No P.O. Box # Suite, Apt. #, etc. 1360 N. Goldenrod Rd Ste 12		3. Mailing Address Suite, Apt. #, etc. 1360 N. Goldenrod Rd Ste 12			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 59-2762596	
Zip 32807		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent KL MANAGEMENT GROUP, INC. 100 E. SYBELIA AVENUE, SUITE 130 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name KL Management Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 1360 North Goldenrod Road, Suite 12 City Orlando FL Zip Code 32807	
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 <u>Keith R. Kiebzak</u> <small>Signature, typed or printed name of registered agent and title, if applicable</small>				DATE <u>3/14/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONWAY, MICHAEL 1870 BRANCHWATER TRAIL ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LYONS, JACK 100 EAST SYBELIA AVE SUITE 130 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIEBZAK, KEITH 1837 BLUE CT ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WADE, JERRY 1822 BRANCHWATER TRAIL ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GLOTFELTY, RICHARD 1704 BRANCHWATER TRAIL ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEMPSTEAD, DEBORAH 100 EAST SYBELIA AVE SUITE 130 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
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: <u>Keith R. Kiebzak</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3/14/07</u> Daytime Phone # <u>407/482-2622</u>	