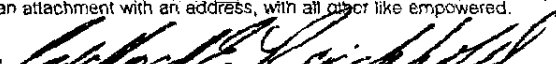


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                           |                     |     |                                                                          |                                                                                                 |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------|
| <b>DOCUMENT # R22254</b>                                                                                                                                                                                                                                                                                                                  |                     |     |                                                                          |                |             |
| 1. Entity Name<br><b>CYPRESS RUN VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                 |                     |     |                                                                          |                                                                                                 |             |
| Principal Place of Business<br><b>13214 MOLITOR COURT<br/>HUDSON FL 34669<br/>US</b>                                                                                                                                                                                                                                                      |                     |     | Mailing Address<br><b>13214 MOLITOR COURT<br/>HUDSON FL 34669<br/>US</b> |                                                                                                 |             |
| 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<br><b>59-2891651</b>                                                              |             |
|                                                                                                                                                                                                                                                                                                                                           |                     |     |                                                                          | Applied For<br>Not Applicable                                                                   |             |
|                                                                                                                                                                                                                                                                                                                                           |                     |     |                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |             |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                           |                     |     |                                                                          | 7. Name and Address of New Registered Agent                                                     |             |
| <b>REICHHOLD, CLIFFORD<br/>13214 MOLITOR COURT<br/>HUDSON FL 34669</b>                                                                                                                                                                                                                                                                    |                     |     |                                                                          | Name                                                                                            |             |
|                                                                                                                                                                                                                                                                                                                                           |                     |     |                                                                          | Street Address (P.O. Box Number is Not Acceptable)                                              |             |
|                                                                                                                                                                                                                                                                                                                                           |                     |     |                                                                          | City                                                                                            | FL Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when transferring)                                                                                                                                                                                                                                                             |                     |     |                                                                          |                                                                                                 |             |
| <div style="display: flex; justify-content: space-between;"> <div>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</div> <div>9. Election Campaign Financing<br/>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></div> <div>Make Check Payable to<br/><b>Florida Department of State</b></div> </div> |                     |     |                                                                          |                                                                                                 |             |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                |                     |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                    |                                                                                                 |             |
| TITLE                                                                                                                                                                                                                                                                                                                                     | D                   |     | TITLE                                                                    |                                                                                                 |             |
| NAME                                                                                                                                                                                                                                                                                                                                      | SHIETINGER, RAYMOND |     | NAME                                                                     | U000000447869                                                                                   |             |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                            | 13212 MOLITOR CT    |     | STREET ADDRESS                                                           | 03/08/05-80075-011 61.25                                                                        |             |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                               | HUDSON FL 34669     |     | CITY-ST-ZIP                                                              |                                                                                                 |             |
| TITLE                                                                                                                                                                                                                                                                                                                                     | PD                  |     | TITLE                                                                    |                                                                                                 |             |
| NAME                                                                                                                                                                                                                                                                                                                                      | SMITH, TED          |     | NAME                                                                     |                                                                                                 |             |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                            | 13211 MOLITOR CT    |     | STREET ADDRESS                                                           |                                                                                                 |             |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                               | HUDSON FL 34669     |     | CITY-ST-ZIP                                                              |                                                                                                 |             |
| TITLE                                                                                                                                                                                                                                                                                                                                     | T                   |     | TITLE                                                                    |                                                                                                 |             |
| NAME                                                                                                                                                                                                                                                                                                                                      | REICHHOLD, CLIFFORD |     | NAME                                                                     |                                                                                                 |             |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                            | 13214 MOLITOR COURT |     | STREET ADDRESS                                                           |                                                                                                 |             |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                               | HUDSON FL 34669     |     | CITY-ST-ZIP                                                              |                                                                                                 |             |
| TITLE                                                                                                                                                                                                                                                                                                                                     | S                   |     | TITLE                                                                    |                                                                                                 |             |
| NAME                                                                                                                                                                                                                                                                                                                                      | BUCHER, BERNICE     |     | NAME                                                                     |                                                                                                 |             |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                            | 13232 MOLITOR CT    |     | STREET ADDRESS                                                           |                                                                                                 |             |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                               | HUDSON FL 34669     |     | CITY-ST-ZIP                                                              |                                                                                                 |             |
| TITLE                                                                                                                                                                                                                                                                                                                                     | VPD                 |     | TITLE                                                                    |                                                                                                 |             |
| NAME                                                                                                                                                                                                                                                                                                                                      | DICK, WILLIAM       |     | NAME                                                                     |                                                                                                 |             |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                            | 13223 MOLITOR CT    |     | STREET ADDRESS                                                           |                                                                                                 |             |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                               | HUDSON FL 34669     |     | CITY-ST-ZIP                                                              |                                                                                                 |             |
| TITLE                                                                                                                                                                                                                                                                                                                                     |                     |     | TITLE                                                                    |                                                                                                 |             |
| NAME                                                                                                                                                                                                                                                                                                                                      |                     |     | NAME                                                                     |                                                                                                 |             |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                            |                     |     | STREET ADDRESS                                                           |                                                                                                 |             |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                               |                     |     | CITY-ST-ZIP                                                              |                                                                                                 |             |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Clifford Reichhold 2/22/06 727-856-4419