


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90104 021 ****61.25

DOCUMENT # N23350

1. Entity Name
CYPRESS GLEN TOWN HOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**953 UNIVERSITY DR.
 CORAL SPRINGS, FL 33071 US**

Mailing Address
**C/O INTEGRITY PROP MGMT INC
 PO BOX 8726
 CORAL SPGS, FL 33075-8726 US**

40056456



2. Principal Place of Business
7932 Wilks Road

3. Mailing Address
**Property
 c/o Benchmark management
 7932 Wilks Rd.**

02132006 Chg-NP CR2E037 (11/05)

City & State
Coral Springs FL

City & State
Coral Springs FL

Zip
33067

Country
U.S.A.

Zip
33067

Country
U.S.A.

4. FEI Number
65-0099366

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CYNTHIA G WHITTLE
 C/O INTEGRITY PROPERTY MGMT.
 953 UNIVERSIYT DR.
 CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name **c/o Benchmark Property Management**

Street Address (P.O. Box Number is Not Acceptable)
7932 Wilks Road

City **Coral Springs** FL Zip Code **33067**

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  DATE _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALLEN, RAE 10849 CYPRESS GLEN DR. CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONDON, BARBARA 10860 CYPRESS GLEN DR CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICAPUA, LUCIE 10837 CYPRESS GLEN DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dir. CASTINERAS, ROBERT 10860 CYPRESS GLEN DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARKALITS, PETER 10828 CYPRESS GLEN DR CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President London, Barbara 10860 Cypress Glen Drive Coral Springs FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Shave, Karen 10879 Cypress Glen Drive Coral Springs FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Austen, Helene 10832 Cypress Glen Drive Coral Springs FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	director Castineras, Robert 10860 Cypress Glen Drive Coral Springs FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	director Katz, Eric 10894 Cypress Glen Drive Coral Springs FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  04/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(R) # 954-340-7744