
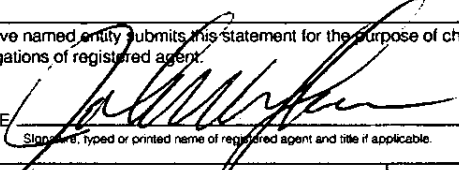



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90118 028 ****61.25

DOCUMENT # N25240 1. Entity Name CYPRESS GOLF COMMUNITY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 109 CYPRESS CREEK BLVD. LAKE ALFRED, FL 33850 US			Mailing Address 109 CYPRESS CREEK BLVD. LAKE ALFRED, FL 33850 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2879020	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLING, LEE JAY LEE JAY COLLINGS ASSOCIATES, PA 682 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701			Name John Wikes Street Address (P.O. Box Number is Not Acceptable) 210 Cypress Way City Lake Alfred FL Zip Code 33850		
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 reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP President DRISSEL, JAMES 31 CYPRESS LOOP LAKE ALFRED, FL 33850 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Wes Eby 126 Cypress Way Lake Alfred, FL 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Director DENNY, BARBARA 13 CYPRESS LOOP LAKE ALFRED, FL 33850 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbara Lau 5 Cypress Loop Lake Alfred, FL 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARKIN, CATHY 37 CREEK CIR LAKE ALFRED, FL 33850 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dottie Potter 32 Cypress Loop Lake Alfred, FL 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURPHY, KATHY 68 CYPRESS LOOP 132 Cypress Way LAKE ALFRED, FL 33850 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hv Parsley 257 Cypress Way Lake Alfred, FL 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, WANDA 180 CYPRESS WAY LAKE ALFRED, FL 33850 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Darlene Pease 191 Cypress Way Lake Alfred, FL 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENEZAR, RON 189 OAK LANE LAKE ALFRED, FL 33850 <input checked="" type="checkbox"/> Delete		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: JAMES K. DRISSEL 			4-17-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		