

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25800

FILED
Sep 23, 2004
Secretary of State**Entity Name:** HOMES OF CYPRESS, INC.**Current Principal Place of Business:**4600 MIDDLETON PARK CIR E
STE 200
JACKSONVILLE, FL 32224**New Principal Place of Business:****Current Mailing Address:**4600 MIDDLETON PARK CIR E
STE 200
JACKSONVILLE, FL 32224**New Mailing Address:****FEI Number:** 59-2913175**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPENCER, C. MICHAEL
4600 MIDDLETON PARK CIRCLE E.
JACKSONVILLE, FL 32224**Name and Address of New Registered Agent:**KIRKWOOD, KENT
4600 MIDDLETON PARK CIRCLE E.
JACKSONVILLE, FL 32224

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.

SIGNATURE: KENT KIRKWOOD

09/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRITT, ARNOLD,
Address: 3745 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD () Delete
Name: ZIMMERMAN, GARY
Address: 1721 PARTRIDGE PL
City-St-Zip: EDWARDSVILLE, IL 62025

Title: SD () Delete
Name: SPENCER, MIKE
Address: 5354 W. 62ND STREET
City-St-Zip: INDIANAPOLIS, IN 462682740

Title: VPD () Delete
Name: FERGUSON, CATHY
Address: 4600 MIDDLETON PARK CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KIRKWOOD, KEN
Address: 11780 BORMAN DRIVE
City-St-Zip: ST. LOUIS, MO 63146

Title: VPD (X) Change () Addition
Name: WATKINS, DAVID
Address: 4600 MIDDLETON PARK CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD () Change (X) Addition
Name: ROBERTS, MARY E
Address: 4600 MIDDLETON PARK CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WATKINS

VPD

09/23/2004

Electronic Signature of Signing Officer or Director

Date