2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29625

FILED Mar 20, 2007 Secretary of State

Entity Name: CYPRESS BEND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US FEI Number: 59-3167862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: D/P () Delete (X) Change () Addition CARTER, RON CARTER, RON Name: Name: 4714 SILVER HERON DR Address: 4714 SILVER HERON DR Address: MELBOURNE, FL 32934 City-St-Zip: City-St-Zip: MELBOURNE, FL 32934 **VPSD** Title: () Delete Title: (X) Change () Addition RAM CHANDANI, VANITA Name: BAILEY, SUE Name: Address: 1235 CYPRESS BEND CIRCLE Address: 1309 CYPRESS BEND CIRCLE City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934 Title: DS (X) Delete Title: () Change () Addition BAILEY, SUE Name: Name: 1309 CYPRESS BEND CIRCLE Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: SAWYER, SHEILA M Name: Address: 4702 SILVER HERON DR Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: () Delete Title: () Change (X) Addition HARRIS, LINDA Name: Name: 1316 CYPRESS BEND CIR Address: Address: City-St-Zip: City-St-Zip: MELBOURNE, FL 32934 Title: () Delete Title: () Change (X) Addition PARENT, RICHARD Name: Name: Address: Address: 4733 SILVER HERON DR MELBOURNE, FL 32934 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RON CARTER PD 03/20/2007