


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90097 002 ****61.25

DOCUMENT # N31199					
1. Entity Name CYPRESS ESTATES ASSOCIATION, INC.					
Principal Place of Business C/O VANGUARD MGMT GROUP 9300 N. 16TH ST. TAMPA, FL 33612 US			Mailing Address C/O VANGUARD MGMT GROUP 9300 N. 16TH ST. TAMPA, FL 33612 US		
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 65-0451321	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WINFIELD, JANET 9300 N. 16TH ST. TAMPA, FL 33612				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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPRIVA, GLENN			NAME	
STREET ADDRESS	3746 BRAM BLEWOOD			STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES, FL 34639			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPRIVA, VICTORIA			NAME	
STREET ADDRESS	3746 BRAMBLEWOOD DR			STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES, FL 34639			CITY-ST-ZIP	
TITLE	VIP SD	<input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLATO, JOHN			NAME	
STREET ADDRESS	25523 SWEETFERN CT			STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES, FL 34639			CITY-ST-ZIP	
TITLE	VPP	<input type="checkbox"/> Delete		TITLE	VPP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, WILLIAM			NAME	
STREET ADDRESS	25015 ACORN DR.			STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES, FL 34639			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	CONNIE BRYAN
STREET ADDRESS				STREET ADDRESS	3934 MEADOW LAKE CT
CITY-ST-ZIP				CITY-ST-ZIP	LAND O'LAKES, FL 34639
TITLE		<input type="checkbox"/> Delete		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 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 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: <u>Connie E. Bryan</u> <u>CONNIE E. BRYAN</u>				Date: <u>4/25/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

50050149



01112005 Chg-NP CR2E037 (10/03)