

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31199

FILED
Mar 09, 2007
Secretary of State

Entity Name: CYPRESS ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

C/O VANGUARD MGMT GROUP
9300 N. 16TH ST.
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

C/O VANGUARD MGMT GROUP
9300 N. 16TH ST.
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 65-0451321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINFIELD, JANET
9300 N. 16TH ST.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: KOPRIVA, GLENN
Address: 3746 BRAM BLEWOOD
City-St-Zip: LAND O'LAKES, FL 34639

Title: SD () Delete
Name: FALLATO, JOHN
Address: 25523 SWEETFERN CT
City-St-Zip: LAND O LAKES, FL 34639

Title: VDD () Delete
Name: HAWKINS, WILLIAM
Address: 25015 ACORN DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: TD () Delete
Name: BRYON, CONNIE
Address: 3934 MEADOW LAKE CT
City-St-Zip: LAND O LAKES, FL 34639

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOPRIVA, GLENN
Address: 3746 BRAMBLEWOOD
City-St-Zip: LAND O'LAKES, FL 34639

Title: SD (X) Change () Addition
Name: FALATO, JOHN
Address: 25523 SWEETFERN CT
City-St-Zip: LAND O LAKES, FL 34639

Title: VD (X) Change () Addition
Name: HAWKINS, WILLIAM
Address: 25015 ACORN DR.
City-St-Zip: LAND O LAKES, FL 34639

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

Title: D () Change (X) Addition
Name: PAPPAS, DR. SUSAN
Address: 3942 MEADOWLARK CT
City-St-Zip: LAND O LAKES, FL 34639

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: JANET WINFIELD

AGEN

03/09/2007

Electronic Signature of Signing Officer or Director

Date