


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90023 039 ****61.25

DOCUMENT # N31690 1. Entity Name CYPRESS LAKES HOMEOWNERS' ASSOCIATION OF PASCO, INC.					
Principal Place of Business P.O. BOX 38 ELFERS, FL 34680			Mailing Address P.O. BOX 38 ELFERS, FL 34680		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0187677				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FANT, JOSE A - Jose A Font 8704 CYPRESS LAKES BLVD NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent 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 <u>Jose A Font</u> <u>Jose A Font</u> <u>6/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007.		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					
TITLE	V RUSSELLO, ANTHONY 48122 SPRINGSIDE DR NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE	D Anthony Russello 4812 Spring Side Dr New Port Richey, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	48122 SPRINGSIDE DR		STREET ADDRESS	4812 Spring Side Dr	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	TD FEE, ALEXANDER	<input type="checkbox"/> Delete	TITLE	ALEXANDRA FEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8507 SIAMANG CT		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	SD PERA, MARY J	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4614 DUMONT ST		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	New Port Richey, FL 34653	53
TITLE	D BRADLEY, ARLENE	<input checked="" type="checkbox"/> Delete	TITLE	V Ronnie Pappiatt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4828 CRESTHALL LN		STREET ADDRESS	8647 Knob Hill Ct	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	D CAPORALE, GERALD	<input checked="" type="checkbox"/> Delete	TITLE	D John Curatello	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8632 CYPRESS LAKES BLVD		STREET ADDRESS	4531 Dumont St	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE		<input type="checkbox"/> Delete	TITLE	D David Parker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	4711 Dumont St	
CITY-ST-ZIP			CITY-ST-ZIP	New Port Richey, FL 34653	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions co indicated on this report or supplemental report is true and accurate and that my signature shall be of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 609, F.S., as amended, or on an attachment with an address, with all other like empowered.					
her certify that the information ; that I am an officer or director appears in Block 10 or Block 11 if					
SIGNATURE: <u>Jose A Font</u> <u>Jose A Font</u> <u>President</u> <u>6/10/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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