


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90196 038 ****61.25

DOCUMENT # N35157 1. Entity Name CYPRESS ISLE HOMEOWNERS ASSOCIATION OF ORANGE COUNTY, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US			Mailing Address 2180 W SR 434 STE 5000 LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3129698	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434, STE. 5000 LONGWOOD, FL 32779				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLEY, BILL		NAME	HIGGINS, NICK	
STREET ADDRESS	10308 CYPRESS ISLE CT.		STREET ADDRESS	10300 CYPRESS ISLE CT	
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURIER, BRETT		NAME		
STREET ADDRESS	8816 SUNSET BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHREIS, JOHN		NAME		
STREET ADDRESS	10213 TROUT LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARLEY, JOHN		NAME		
STREET ADDRESS	10316 CYPRESS ISLE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLEY, MICHAEL		NAME		
STREET ADDRESS	10340 CYPRESS ISLE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDIS, JOE		NAME		
STREET ADDRESS	8808 SUNSET BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/10/07 4078762904 Date Daytime Phone #		