## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 09, 2006 8:00 am Secretary of State DOCUMENT # N36169 03-09-2006 90152 042 \*\*\*\*61.25 CYPRESS FOREST HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 40051022 **314 NE 3RD ST** 314 NE 3RD ST **BOYNTON BEACH, FL 33435** BOYNTON BEACH, FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142006 Chq-NP CR2E037 (11/05) 4. FEI Number 65-0291313 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLITZKY, EARL K Street Address (P.O. Box Number is Not Acceptable) COMMUNITY ASSOCIATION MANAGEMENT SYSTEMS 322 NE 3RD STREET BOYNTON BEACH, FL 33435 City 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE □ Delete TITI F \_\_ Change VENTRIGLIO, FRANK NAME NAME STREET ADDRESS 581 CYPRESS GREEN STREET ADDRESS WEST PALM BEACH, FL 33414 CITY-ST-ZIP CITY-ST-ZIP Delete T(T) F TITLE ☐ Change ☐ Addition BOLTON, PATRICK NAME NAME STREET ADDRESS 15842 CYPRESS PARK DR STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ANOFF, DAN NAME NAME 15775 CYPRESS CREEK LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE ☐ Channe ☐ Addition TITI F ☐ Delete QUESTLER, DAVID NAME NAME STREET ADDRESS 539 CYPRESS GREEN CIR. STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP CITY-ST-71P TITLE ☐ Defete Addition POWERS, TERRY NAME NAME 558 CYPRESS STRAND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 accupite and that my signature strail have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 of Block 11 changed, or on an attachment with an address, with all piths like empowered.

**FILED**