2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37046

FILED Mar 09, 2006 Secretary of State

Entity Name: CYPRESS POINT HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.

Current Principal Place of Business:				New Principal Place of Business:			
3180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US				2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US			
Current M	lailing Addre	ss:	New Ma	New Mailing Address:			
3180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US				2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US			
FEI Number	: 59-2999300	FEI Number Applied For()	FEI Number Not A	pplicable () Certificate of Status Desire	ed ()		
Name and	Address of	Current Registered Agent:	Name a	nd Address of New Registered Agent:			
407 WEKI STE 205 LONGWO The above	RODGER A A SPRINGS R OD, FL 32779 named entity of Florida.) US	SENTR) 2180 W LONGW	JAMES W JR Y MANAGEMENT INC SR 434 SUITE 5000 /OOD, FL 32779 US ng its registered office or registered agent,	or both,		
SIGNATUI	RE: JAMES \	W HART JR		03/09/2006			
	Electro	nic Signature of Registered Age	ent	Date			
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	COCKERELL, 9163 GREAT	HERIN CIRCLE	Title: Name: Address: City-St-Zip	() Change () Addition			
Title: Name: Address: City-St-Zip:	GALL, BOB) Delete HERON CIRCLE . 328369	Title: Name: Address: City-St-Zip	() Change () Addition			
Title: Name: Address: City-St-Zip:	BERGERON,	HERON CIRCLE	Title: Name: Address: City-St-Zip	()Change ()Addition p:			
Title: Name: Address: City-St-Zip:	STROBEL, VE	HERON CIRCLE	Title: Name: Address: City-St-Zip	SD (X) Change () Addition SONNIER, VERONICA 9017 GREAT HERON CIRCLE p: ORLANDO, FL 32836			
Title: Name: Address: City-St-Zip:	ALBERTSON,	HERON CIRCLE	Title: Name: Address: City-St-Zip	() Change () Addition			
Title: Name: Address: City-St-Zip:	PD (WEPPELMAN 9164 POINT C ORLANDO, FL	YPRESS DR.	Title: Name: Address: City-St-Zip	() Change () Addition			

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.

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SIGNATURE:	LORRIS WEPPELMANN	PD	03/09/2006