2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State

DOCUMENT # N40904 1. Entity Name CYPRESS SHORES LAND OWNER'S ASSOCIATION, INC.					Secretary of State 04-28-2005 90196 009 ****61.25					
Principal Place of Business Mailing Address 239 NE 130TH PLACE 239 NE 130TH PLACE BRANFORD, FL 32008 US BRANFORD, FL 32008 U										
2 Principal Place of Business 2233 CHERYL ROAD Suite, Apt. #, etc. 3. Malling Address 2233 Chery Road Suite, Apt. #, etc.				A-Q	03162005 Chg-NP CR2E037 (10/03)					
City & State	, FC 33771 L	ity & State ALGO F			4. FEI Numbe 59-3044			Not	olied For Applicable	
3377	1 USA 33		USA]		of Status Desired	Fee	75 Addir Required		
	6. Name and Address of Current Register	red Agent	Name			Address of New I		<u> </u>		
PLESS, SH	ERRY		(Value	STEPHEN POTTERS						
239 NE 13	D PLACE			Street Address (P.O. Box Number is Not Acceptable)						
BRANFOR	D, FL 32008		2	-23	3	FRYL !	<u> </u>			
			City L	A 2 c			FL -	(ip Code	7,	
8. The above	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								and accept	
the obligati	ons of registered agent.	,	,			.,		,		
	01.011-	_	_	_						
SIGNATURE STEPNEA POTTERS PD 9-15-05 Significate, Martin printed name of registered against and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Significate, typed or printed name of Tegistered again, and title it a	opticable. (NOTE: Reg	gistered Agent signati	ure required t	when reinstating)		DATE			
	Significate, tyled or prinifed nearly of Significand applicand table it as Filling Fee is \$81,25 Due by May 1, 2005	9. Election Campai Trust Fund Cont	ign Financing		\$5.00 May B Added to Fees		Make check pay			
10.		9. Election Campai Trust Fund Conti	ign Financing		\$5.00 May B Added to Fees		rida Departmei	nt of Sta	nte	
IMLE	OFFICERS AND DIRECTOR PD	9. Election Campai Trust Fund Conti	ign Financing tribution.	□ ^ PD	\$5.00 May B Added to Fees DDITIONS/CHA	FIG ANGES TO OFFICE	ERS AND DIRECT	nt of Sta	nte	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRECTOR PD PLESS, SHERRY 239 NE 130TH PLACE BRANFORD, FL 32008 VD BROOKE, GRICE	9. Election Campai Trust Fund Cont S	ign Financing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD 572 LA VO 59	\$5.00 May B Added to Fees DDITIONS/CHA EPHEN 33 CHE 89 0 E	POTTER LYL ROAR L. 337	PS 0	ORS IN Change	10 Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; that I am an officer or director of the corporation or the receiver or truebee 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 a didress, with all other like empowered.

SIGNATURE: STEPHEN POTTERS PD 4:15-05 727586686