


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90196 009 \*\*\*\*61.25

<b>DOCUMENT # N40904</b> 1. Entity Name CYPRESS SHORES LAND OWNER'S ASSOCIATION, INC.					
Principal Place of Business 239 NE 130TH PLACE BRANFORD, FL 32008 US			Mailing Address 239 NE 130TH PLACE BRANFORD, FL 32008 US		
2. Principal Place of Business 2233 CHERYL ROAD Suite, Apt. #, etc.		3. Mailing Address 2233 CHERYL ROAD Suite, Apt. #, etc.			
City & State LARGO, FL 33771		City & State LARGO FL		4. FEI Number 59-3044456	
Zip 33771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLESS, SHERRY 239 NE 130 PLACE BRANFORD, FL 32008			7. Name and Address of New Registered Agent Name: STEPHEN POTTERS Street Address (P.O. Box Number is Not Acceptable): 2233 CHERYL ROAD City: LARGO FL Zip Code: 33771		
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>Stephen Potters</u> STEPHEN POTTERS PD 4-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD PLESS, SHERRY 239 NE 130TH PLACE BRANFORD, FL 32008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHEN POTTERS 2233 CHERYL ROAD LARGO FL 33771	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKE, GRICE 280 120TH TRAIL BRANFORD, FL 32008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES H SMITH 593 NORMANDY MADIRA BEACH, FL 33708	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RATLIFF, BARBARA 90 NW 120TH TRAIL BRANFORD, FL 32008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBARA RATLIFF 90 NW 120TH TRAIL BRANFORD, FL 32008	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS RICE 4354 ROCKY GARDEN LN. N. JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Stephen Potters</u> STEPHEN POTTERS PD 4-15-05 727.586.6861 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					