

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90040 012 \*\*\*\*70.00

<b>DOCUMENT # N42439</b> 1. Entity Name CYPRESS KNEE COVE MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % MARILYN REID 6711 WINDWARD PALMS CT LAKE WALES, FL 33898 US			Mailing Address 6711 WINDWARD PALMS CT LAKE WALES, FL 33898 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3051899	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REID, MARILYN J 6711 WINDWARD PALMS CT LAKE WALES, FL 33898			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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>Marilyn J Reid</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REID, MARILYN		NAME		
STREET ADDRESS	6711 WINDWRD PALMS COURT		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYLE, DONALD		NAME	RUTH LOCKE	
STREET ADDRESS	6783 DONALDSON DRIVE		STREET ADDRESS	6715 DONALDSON DRIVE	
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMILTON, DALE		NAME	HARTLEY STEWARD	
STREET ADDRESS	6759 DONALDSON DR.		STREET ADDRESS	6726 DONALDSON DR.	
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	BOARD MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REID, DAVID C		NAME	ROBERT PETREY	
STREET ADDRESS	6711 WINDWARD PALMS COURT		STREET ADDRESS	6762 DONALDSON DR.	
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	BOARD MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRASHEAR, LARRY		NAME	KEITH ELY	
STREET ADDRESS	6739 DONALDSON DR.		STREET ADDRESS	6766 DONALDSON DR.	
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Marilyn J Reid</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/17/06</u> Daytime Phone # <u>863-439-1132</u>		

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