


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N42439</b> 1. Entity Name CYPRESS KNEE COVE MOBILE HOMEOWNERS ASSOCIATION, INC.	
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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
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01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3051899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  REID, MARILYN J 6711 WINDWARD PALMS CT LAKE WALES, FL 33898
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REID, MARILYN 6711 WINDWRD PALMS COURT LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCKE, RUTH 8775 DONALDSON DRIVE LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEWART, HARTLEY 8726 DONALDSON DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM PETREY, ROBERT 8762 DONALDSON DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ELY, KEITH 8766 DONALDSON DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000789476  
01/22/08-80026-022 61.25

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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.

**SIGNATURE:** Marilyn J. Reid **MARILYN J. REID** 1/15/08 863-439-1132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #