

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49777

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** CYPRESS TRACE UNIT 3 HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8113 SETTERS POINT DRIVE  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1303  
NEW PORT RICHEY, FL 346561303 US

**New Mailing Address:**

**FEI Number:** 59-3443994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOGLINO, PAUL  
8113 SETTERS POINT DR  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HERSEY, DONALD  
Address: 5149 WORTH COURT  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: PARZIALE, JAMES  
Address: 8101 SETTERS POINT DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: FOWLER, LEWIS  
Address: 5151 WORTH COURT  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T ( ) Delete  
Name: BOGLINO, PAUL  
Address: 8113 SETTERS POINT DR  
City-St-Zip: NEW PORT RICHEY, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PARZIALE, JAMES  
Address: 8224 SETTERS POINT DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: PAUL BOGLINO

T

04/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date