

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49777

FILED
Apr 13, 2008
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: BOGLINO, PAUL
Address: 8113 SETTERS POINT DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: PARZIALE, JAMES
Address: 8224 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: PENNA, MIKE
Address: 8117 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 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

P

04/13/2008

Electronic Signature of Signing Officer or Director

Date