

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 22, 2012
Secretary of State

DOCUMENT# N93000003127

Entity Name: CYPRESS HOLLOW ASSOCIATION, INC.**Current Principal Place of Business:**1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 US**New Principal Place of Business:****Current Mailing Address:**1750 UNIVERSITY DRIVE #205
CORAL SPRINGS, FL 33071 US**New Mailing Address:****FEI Number:** 65-0425384**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILDER, LEN ESQ.
C/O SACHS, SAX & CAPLAN
6111 BROKEN SOUND PKY N.W., #200
BOCA RATON, FL 33487 US**Name and Address of New Registered Agent:**KRAVIT, CORY ESQ.
KRAVIT LAW, P.A.
902 CLINT MOORE ROAD # 136
BOCA RATON, FL 33487 US

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: CORY KRAVIT

05/22/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: D
Name: HOSANG, HILDA
Address: 5205 NW 64 TERRACE
City-St-Zip: LAUDERHILL, FL 3331 US

Title: VPD
Name: COLEMAN, JANICE
Address: 6424 NW 51 COURT
City-St-Zip: LAUDERHILL, FL 33319 US

Title: PD
Name: KING, WILLIE
Address: 6428 NW 52 ST
City-St-Zip: LAUDERHILL, FL 33319 US

Title: TD
Name: MOREJON, JOSEPH
Address: 6428 NW 53 ST
City-St-Zip: LAUDERHILL, FL 33319 US

Title: SD
Name: SWANSON, ALICE
Address: PO BOX 190563
City-St-Zip: FORT LAUDERDALE, FL 33319 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIE KING

PD

05/22/2012

Electronic Signature of Signing Officer or Director_____
Date