


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90181 009 ****61.25

DOCUMENT # N93000004938	
1. Entity Name CYPRESS TRACE NEIGHBORS, INC.	

Principal Place of Business P.O. BOX 411121 MELBOURNE, FL 32941-1121 US	Mailing Address P.O. BOX 411121 MELBOURNE, FL 32941-1121 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03062007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3212621		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CASTELLO, PETER 1519 CYPRESS TRACE DRIVE MELBOURNE, FL 32940		7. Name and Address of New Registered Agent Name: <u>BALE, JOHN</u> Street Address (P.O. Box Number is Not Acceptable): <u>1204 CYPRESS TRACE DRIVE</u> <u>MELBOURNE</u> City: <u>FL</u> Zip Code: <u>32940</u>

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: John Bale
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTELLO, PETER 1519 CYPRESS TRACE DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALE, JOHN 1204 CYPRESS TRACE DRIVE MELBOURNE, FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAYATA, WILMA 1382 CYPRESS TRACE DR MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAYATA, WILMA 1382 CYPRESS TRACE DRIVE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCKWOOD, VIRGINIA 1324 CYPRESS TRACE DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALE, DIANE 1204 CYPRESS TRACE DRIVE MELBOURNE, FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOCKWOOD, HAROLD E 1324 CYPRESS TRACE DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALAMBOS, JUDITH 1518 CYPRESS TRACE DRIVE MELBOURNE, FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, THOMAS 1277 CYPRESS TRACE DRIVE MELBOURNE, FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wilma Bravata, Treas. / WILMA BRAVATA 4/1/07 321-652-6032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Cell