

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90039 015 ****61.25

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|--|---|--|---|--|--|
| 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 | | |
| 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 | | |
| 6. Name and Address of Current Registered Agent BALE, JOHN 1204 CYPRESS TRACE DR MELBOURNE, FL 32940 | | | | 7. Name and Address of New Registered Agent Name BALE, DIANE Street Address (P.O. Box Number is Not Acceptable) 1204 CYPRESS TRACE DRIVE MELBOURNE, FL City FL Zip Code 32940 | |
| 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 <u><i>Diane L. Bale</i></u> 3/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BALE, JOHN 1204 CYPRESS TRACE DR MELBOURNE, FL 32940 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BALE, DIANE 1204 CYPRESS TRACE DRIVE MELBOURNE, FL 32940 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BRAVATA, WILMA 1382 CYPRESS TRACE DR MELBOURNE, FL 32940 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BALE, DIANE 1204 CYPRESS TRACE DR MELBOURNE, FL 32940 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALVAREZ, ROSARY 1255 PALM GARDEN PLACE MELBOURNE, FL 32940 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GALAMBOS, JUDITH 1518 CYPRESS TRACE DR MELBOURNE, FL 32940 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SHEPARD, ANN 1270 PALM GARDEN PLACE MELBOURNE, FL 32940 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WRIGHT, THOMAS 1277 CYPRESS TRACE DR MELBOURNE, FL 32940 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: <u><i>Wilma Bravata, Treasurer</i></u> 3/11/08 (W) 321-242-8960 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |