


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90014 006 ****61.25

DOCUMENT # N94000000867	
1. Entity Name THE FOUNTAINS AT CYPRESS LAKES HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 4174 WOODLANDS PKEY PALM HARBOR FL 34685	Mailing Address 4174 WOODLANDS PKWY PALM HARBOR FL 34685
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2. Principal Place of Business - No P.O. Box # 2189 CLEVELAND ST	3. Mailing Address 2189 CLEVELAND ST.
Suite, Apt. #, etc. SUITE 225	Suite, Apt. #, etc. SUITE 225
City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33765	Country PINELLAS

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3233527	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 NOLAN, JAMES M 4174 WOODLANDS PKWY PALM HARBOR FL 34685	
7. Name and Address of New Registered Agent Name LENNARD A. LEIGHTON Street Address (P.O. Box Number is Not Acceptable) SEABOARD ARBORS MANAGEMENT SVCS. 2189 CLEVELAND ST., SUITE 225 City CLEARWATER FL Zip Code 33765	

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

FILE NOW: 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 DRISCOLL, JAMES 387 FOUNTAINVIEW CIRCLE OLDSMAR FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD DEAN ROCK 396 FOUNTAINVIEW CIRCLE OLDSMAR, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD BAHNSEN, SCOTT 326 FOUNTAINVIEW CIRCLE OLDSMAR FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T JOHNSON, KATHY 325 FOUNTAINVIEW CIRCLE OLDSMAR FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D JAMES SMITH 354 FOUNTAINVIEW CIRCLE OLDSMAR, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S DAVIS, MICHELLE 338 WOODSPRING COURT OLDSMAR FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MAL LOPEZ, JAIME 352 FOUNTAINVIEW CIRCLE OLDSMAR FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input 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 Section 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: Michelle Davis 3.8.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #