

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90377 008 \*\*\*\*61.25

<b>DOCUMENT # N94000004117</b>													
<b>1. Entity Name</b> THE MEWS @ CYPRESS HEAD HOMEOWNERS ASSOCIATION, INC.													
<b>Principal Place of Business</b> C/O BENCHMARK PROPERTY MGMT 7932 WILES ROAD CORAL SPRINGS, FL 33067			<b>Mailing Address</b> C/O BENCHMARK PROPERTY MGMT 7932 WILES ROAD CORAL SPRINGS, FL 33067										
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.		<b>40086119</b>  									
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-2464576									
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  BENCHMARK PROPERTY MGMT 7932 WILES ROAD CORAL SPRINGS, FL 33067			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name <b>Robert Kaye + Associates P.A.</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) <b>6261 NWS 6TH Way</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Suite <b>103</b></td> </tr> <tr> <td style="padding: 2px;">City <b>FT. Lauderdale</b></td> <td style="padding: 2px;">FL <b>33309</b></td> </tr> </table>			Name <b>Robert Kaye + Associates P.A.</b>		Street Address (P.O. Box Number is Not Acceptable) <b>6261 NWS 6TH Way</b>		Suite <b>103</b>		City <b>FT. Lauderdale</b>	FL <b>33309</b>
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<b>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.</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> <b>SIGNATURE</b>   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%; text-align: right;"> <b>4.22.08</b>  <small>DATE</small> </div> </div>													
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>									
<b>Make check payable to Florida Department of State</b>													
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>										
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition								
NAME	NAVEH, UDI		NAME	Flanagan, James	<input checked="" type="checkbox"/> Delete								
STREET ADDRESS	6640 STRATFORD DRIVE		STREET ADDRESS	6643 Stratford Drive									
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP	Parkland FL 33067									
TITLE	VD <b>Carol Landman</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME	LENDMAN, CAROL		NAME										
STREET ADDRESS	6637 STRATFORD DRIVE		STREET ADDRESS										
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP										
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME	TARTAGLIA, HARRY		NAME										
STREET ADDRESS	6525 WINDSOR DR.		STREET ADDRESS										
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP										
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME	LABELLA, MICHAEL		NAME										
STREET ADDRESS	6565 WINDSOR DR		STREET ADDRESS										
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP										
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME	MOCKENHAUPT, MICHAEL		NAME										
STREET ADDRESS	6517 WINDSOR DR		STREET ADDRESS										
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP										
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME	USYK, JOHN		NAME										
STREET ADDRESS	6647 STRATFORD DR		STREET ADDRESS										
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP										
<b>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.</b>													
<b>SIGNATURE:</b>			<b>4-17-08</b>										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>										