## · 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N94000004148



FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90092 019 \*\*\*\*61.25

1. Entity Name CYPRESS LAKE HOMEOWNERS AS MARTIN COUNTY, INC.		ALL THE PARTY OF T
Principal Place of Business OPC MANAGEMENT— 1200 US HWY ONE STE E NORTH PALM BEACH, FL 33408 US	Mailing Address OPC MANAGEMENT PO BOX-30566 WEST PALM BEACH, FL 33420	0
2. Principal Place of Business - No P.O. Box # BRISTO   Management	3. Mailing Address BRISTO Man	Q
Suite Apt. # etc.	Suite Apt # etc	`

1200 US HW	Y ONE STE E I BEACH, FL 33408 US	PO BOX 30566 WEST PALM BEACH, FL	33420 US		1			111    11    11    14	)) <b>[[]                                  </b>
<u>Brist</u>		3. Mailing Address  BRISTO	lanager	nent					
735°C	olorado Ave #3	735 Colored	Ave #	3	03292007	Chg-NP	. CR2E03	37 (12/06)	
City & State		City & State STUAR +			4. FEI Numbe 65-052			<del></del>	plied For t Applicable
Zin	794 Country USA	Zip FL	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current R	egistered Agent		<del>'</del>	7. Name and	Address of New	Registered /	Agent	
DOCC DE	DODALI		Name	•					
	BORAH , EARL & BONNAN ERAL HWY STE 212		Stree	t Address (F	P.O. Box Numbe	er is Not Acceptab	ole)		
STUART, I	FL 34994								
			City				FL	Zip Code	9
	named entity submits this statement for	the purpose of changing its	egistered office	or register	ed agent, or bo	th, in the State of F	lorida. I am	familiar with,	
the obligati	ions of registered agent.								6040
SIGNIATURE	DIANE MUNDT, LO	CAM PROPERT	V Mana	ne e			3/3	19/07	φo
SIGITATIONE	Signature, typed or printed name of registered agent ar		Registered Agent six	rature required	when reinstating)		DATE	7	
	FW F 1- 604 05	9. Election Cam	naion Einancin		¢= 00		Make checi	c navable to	" of 1 to
	Filing Fee is \$61.25				\$5.00 May B	e ci,	orida Depar	tment of Si	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Due by May 1, 2007	Trust Fund C	ontribution.		Added to Fees	7 ma 30 0	vida nehai	tineni oj Si	ate
10.	Due by May 1, 2007 OFFICERS AND DIRE		11.			ANGES TO OFFIC	<u> </u>		· 1 50,000
10.				Doe	ADDITIONS/CH	ANGES TO OFFIC	<u> </u>		· 1 50,000
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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 his 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 impowered.

SIGNATURE

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Pho