


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90244 020 \*\*\*\*61.25

<b>DOCUMENT # N95000005931</b>	
1. Entity Name <b>CYPRESS RESERVE HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>5320 CYPRESS RESERVE PLACE WINTER PARK FL 32792 US</b>	Mailing Address <b>C/O LIGHTHOUSE MANAGEMENT PO BOX 0774 WINDERMERE FL 34786-0774 US</b>
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2. Principal Place of Business <b>5365 CYPRESS RESERVE PLACE</b>	3. Mailing Address <b>PLACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State	City & State
Zip	Country

4. FEI Number <b>59-3363704</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PAUL L. WEAN 646 EAST COLONIAL DR. ORLANDO FL 32803</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KENDALL, CHRIS 5364 CYPRESS RESERVE PL WINTER PARK FL 32792 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRELL, ROBERT 5357 CYPRESS RESERVE PLACE WINTER PARK FL 32792 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTIN, TOM 5329 CYPRESS RESERVE PL WINTER PARK FL 32792 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LOCKMAN, GERALD 5328 CYPRESS RESERVE PL WINTER PARK FL 32792 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SLONE, MICHAEL 2843 BEAR ISLAND POINTE WINTER PARK FL 32792 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BILL CHARLTON 5333 CYPRESS RESERVE PLACE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELLEN MAYER 2812 BEAR ISLAND POINTE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAM PEARSON 5317 CYPRESS RESERVE PLACE WINTER PARK, FL 32792
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: 