2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# N96000001104

Entity Name: LITTLE CYPRESS POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

505 S FLAGLER DR
SUITE 900
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

LITTLE CYPRESS CIRCLE
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

505 S FLAGLER DR
SUITE 900
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0703289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PORTER, SCOTT L
505 S FLAGLER DR
SUITE 900
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	DIBETTA, NICHOLAS	
Address:	14151 LITTLE CYPRESS CIRCLE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	PTD	( ) Delete
Name:	PORTER, SCOTT L	
Address:	14211 LITTLE CYPRESS CIRCLE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	SD	( ) Delete
Name:	DAVIS, CHRISTINE	
Address:	14191 LITTLE CYPRESS CIRCLE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	VD	( ) Delete
Name:	COMFORT, TED	
Address:	14171 LITTLE CYPRESS CIRCLE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT L. PORTER PTD 05/02/2006

Electronic Signature of Signing Officer or Director — Date