2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N96000001382

Entity Name: CYPRESS GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-3388066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, MARC
882 JACKSON AVE
WINTER PARK, FL 32789 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: HASSANI, JENNIFER
Address: 10108 CYPRESS GLEN PLACE
City-St-Zip: ORLANDO, FL 32825

Title: DST ( ) Delete
Name: SAEZ, RAFEL
Address: 10113 CYPRESS GLEN PLACE
City-St-Zip: ORLANDO, FL 32825

Title: PD ( ) Delete
Name: SULLIVAN, LESIA
Address: 10039 CYPRESS GLEN PLACE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: KOITTO, NANCY
Address: 10102 CYPRESS GLEN PLACE
City-St-Zip: ORLANDO, FL 32825

Title: DST (X) Change ( ) Addition
Name: KNOWLTON, KEITH
Address: 10162 CYPRESS GLEN PLACE
City-St-Zip: ORLANDO, FL 32825

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 Section 119.07(3)(i), 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: LESIA SULLIVAN PD 04/25/2005

Electronic Signature of Signing Officer or Director — Date