2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000003647

1. Entity Name CYPRESS ESTATES OF PALM SPRINGS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

C/O BANYAN PROPERTY MANAGEMENT, INC

Mailing Address C/O BANYAN PROPERTY MANAGMENT, INC

WEST PALM BEAC		WEST PALM BEA				
2. Principal Place	of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc	D.	Suite, Apt. #, et	01222008 Chg-NP			
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		4. FEI Number 65-0839404		
Zip	Country	Zip	Country	5. Certificate of Status De		
	Name and Address of Curren			7. Name and Address of		
	VYANT-CORTEZ, P.A.		. Name	معجدي بدائه		
860 US HWY (SUITE 108	,		Street Add	dress (P.O. Box Number is Not Acc		
			City	······································		

FILED Mar 20, 2008 8:00 am Secretary of State

03-20-2008 90032 027 ****61.25

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WEST PALM BEACH, FL 33406			WEST PALM BEACH, FL 33406									
2. Principal Place of Business - No P.O. Box # 3			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			01222008	Chg-NP	CR2E	037 (12/06)		
City & State Ci				City & State			4. FEI Numbe 65-0839				plied For t Applicable	
Zip	Country Zip				Cou	intry		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require	
	6. Name a	and Address of Current	Registere	d Agent				7. Name and	Address of Ne	w Registered	l Agent	
HILLEY AND WYANT-CORTEZ, P.A. 860 US HWY ONE SUITE 108					Name Street Address (P.O. Box Number is Not Acceptable)							
NORTH PALM BEACH, FL 33408						City				F	Zìp Cod	9
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												
	Signature, typed o	r printed name of registered agent	t and title if app	licable (NOTE:	Registered	d Agent signatu	benuper en	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contribu						\$5.00 May Bo Added to Fees	e F		ck payable to		
10.		OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHA	ANGES TO OFF	ICERS AND I	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	811 CYPRI	HA, BASILIO ESS WAY EAST HINGS, FL 33406		☐ Delete	TITLE NAME STREE						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAMELIN, 1621 CYPF	ES,		☐ Delete	TITLE NAME STREE						Change	Addition
TITLE NAME	SD -WILLIAMS, 1030 CYPF			☐ Delete	•		- -				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			$D_{A_{\epsilon}}$	ngie 1 soi Cy	moral press in	es Jay u Spring	Change Change	3400
TITLE NAME STREET ADDRESS CITY+ST-ZIP				□ Delete						*F***********************************	☐ Change	Addition
TITLE				[] n.i	TITLE						[Change	☐ Addition

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.

CITY-\$1-ZIP

STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-21P

Daytime Phone #