

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 037 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N96000005674</b>  |  |   |   |  |  |
| <b>1. Entity Name</b><br>CYPRESS CREEK MOBILE HOMEOWNERS SOCIAL CLUB, INC.  |  |   |   |  |  |
| <b>Principal Place of Business</b><br>28944 HUBBARD ST. LOT 72<br>LEESBURG, FL 34748 US   |  |   | <b>Mailing Address</b><br>28944 HUBBARD ST. LOT 72<br>LEESBURG, FL 34748 US   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>28944 HUBBARD ST. LOT 80<br>Suite, Apt. #, etc.  |  | <b>3. Mailing Address</b><br>28944 HUBBARD ST. LOT 80<br>Suite, Apt. #, etc.  |   |  |  |
| <b>City &amp; State</b><br>LEESBURG, FL   |  | <b>City &amp; State</b><br>LEESBURG, FL   |   | <b>4. FEI Number</b><br>59-3411353   |  |
| <b>Zip</b><br>34748   |  | <b>Country</b><br>US  |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>RODEWALD, DIANE D<br>28944 HUBBARD ST, LOT 72<br>LEESBURG, FL 34748   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>EDNA M. LORENZ<br>Street Address (P.O. Box Number is Not Acceptable)<br>28944 HUBBARD ST. LOT 80<br>City<br>LEESBURG FL Zip Code<br>34748 |  |  |
| <b>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.</b>  |  |   |   |  |  |
| <b>SIGNATURE</b> <u>EDNA M. LORENZ, TREASURER</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   | <b>DATE</b><br>02-05-07  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>KIEFER, AL<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST, LOT 70<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br>D<br><b>NAME</b><br>TERRY ANDERSON<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST. LOT 98<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>VP<br><b>NAME</b><br>EASTERDAY, LLOYD<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST, LOT 75<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748  | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br>D<br><b>NAME</b><br>BEVERLY NETTLE<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST LOT 8<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>S<br><b>NAME</b><br>EATT, ELSIE<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST LOT 32<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br>S<br><b>NAME</b><br>EAST, ELSIE<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST. LOT 32<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>JONES, PRESTON<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST, LOT 41<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748   | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>D<br><b>NAME</b><br>JULIE ELD<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST LOT 102<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>SHAFFER, WAIT<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST LOT 6<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748  | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>D<br><b>NAME</b><br>ROBERT ST. AMAND<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST LOT 20<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>T<br><b>NAME</b><br>RODEWALD, DIANE D<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST, LOT 72<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748  | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>T<br><b>NAME</b><br>EDNA M. LORENZ<br><b>STREET ADDRESS</b><br>28944 HUBBARD ST LOT 80<br><b>CITY-ST-ZIP</b><br>LEESBURG, FL 34748  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>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.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b> <u>Edna M. Lorenz</u> <b>EDNA M. LORENZ</b>   |  |   |   | <b>DATE</b><br>02-05-07  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   | <small>Daytime Phone #</small><br>352-323-3423   |  |

ATTACHMENT  
ADDITIONAL DIRECTOR ;

40012514  
#N96000005674

TITLE D

NAME CONNIE STRATTON

STREET ADDRESS 28944 HUBBARD ST LOT 103

CITY-ST-ZIP LEESBURG, FL 34748