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

May 05, 2006 8:00 am Secretary of State DOCUMENT # N96000006428 1. Entity Name 05-05-2006 90176 028 ****61.25 CYPRESS LANDING HOMEOWNER'S ASSOCIATION OF LAKE CITY, INC. Principal Place of Business Mailing Address 934 N.E. LAKE DESOTO CIRCLE LAKE CITY FL 32055 934 N.E. LAKE DESOTO CIRCLE LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address 2806 US HWY 90 WEST 286 US HWY 90 WEST Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) SUITE Suite Applied For City & State City & State 4. FEI Number FL NO-T APPLICABLE ME Not Applicable Country Zio \$8.75 Additional 5. Certificate of Status Desired Columbia Fee Required 32055 oLumb A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Thomas JORDAN, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 934 N.E. LAKE DESOTO CIRCLE LAKE CITY FL 32055 US HWY 90 WEST, SUITE 101 Zip Code حده ۶۶ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 \Box Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Delete TITLE JORDAN, ROBERT F EAGLE Thomas H. 2806 US 90 WEST, SUITE 101 STREET ADDRESS 934 N.E. LAKE DESOTO CIRCLE STREET ADDRESS LAKE CITY FL 32055 CITY-ST-7IP CITY-ST-7IP DST Change TITLE TITLE ☐ Addition JORDAN, LINNIE F NAME NAME 934 N.E. LAKE DESOTO CIRCLE STREET ADDRESS STREET ADDRESS LAKE CITY FL 32055 CTTY-ST-7IP CITY-ST-7IP VPD Delete Addition REED, DON NAME STREET ADDRESS 3492 E. BAYA AVENUÉ STREET ADDRESS LAKE CITY FL 32024 CITY - ST- ZIP CITY-ST-ZIP Delete Change | TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

2-15-06

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED