## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001665

## FILED May 01, 2008 8:00 am Secretary of State 05-01-2008 90209 018 \*\*\*\*61.25

CYPRESS BEND AT WATER ASSOCIATION, INC.	RFORD HOMEO	WNERS			L XVF (* - 6.1		
801 COOK AVE 180		ing Address 01 COOK AVE LANDO, FL 32806 US			089463	•	Mathida P1   MQ
2. Principal Place of Business - No P.O.	Box # 3. Mailing	Address	,				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112008	Chg-NP	CR2E037 (12/06	)
City & State	City &	& State		4. FEI Numbe 59-347		<del>- +</del>	Applied For Not Applicable
Zip Country	Zip		Country		of Status Desired	□- \$8.75 A Fee Requ	dditional ired
6. Name and Address	of Current Registered	Agent	Name	7. Name and	Address of New I	Registered Agent	
ASHER, DONALD L 1801 COOK AVE ORLANDO, FL 32806			Street Ad	dress (P.O. Box Numbe	er is Not Acceptabl	le)	
			City			FL Zip Ci	ode
The above named entity submits this the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of	registered agent and little if applica	ible. (NOTE:	. Registered Agent signatur	registered agent, or bot		DATE	
Filing Fee is \$61.25  Due by May 1, 2008  Filection Cal  Trust Fund 6				\$5.00 May B Added to Fees	Flo	flake check payable rida Department of	State
1/2 A A	RS AND DIRECTORS		11.	ADDITIONS/CH/	ANGES TO OFFICE	RS AND DIRECTORS	
NAME DUWE, MICHAEL STREET ADDRESS CITY-S1-ZIP ORLANDO, FL 32828		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Changi	e
TIILE SD T DUWE, DONNA STREET ADDRESS 838 LILAC TRACE LAI ORLANDO, FL 32828		Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	e Addition
NAME TIPTON, HELEN STREET ADDRESS 14351 VIBURNUM LAI CITY-ST-ZIP ORLANDO, FL 32828	ı	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  DISTINCT R  DUSTIN R  PG2 Lila  Onlando  TITLE	cark c Thace FL 3286	□ Delete Lane	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e [NAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP  12. 1 hereby certify that the information s		□ Delete	THTLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Changi	·

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 otherwise empowered.

Muchael Pillumel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR