
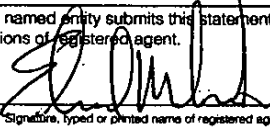
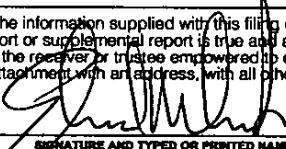


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90210 035 \*\*\*\*61.25

<b>DOCUMENT # N97000002804</b> 1. Entity Name <b>HOMEOWNERS ASSOCIATION OF CYPRESS GLEN, INC.</b>					
Principal Place of Business <b>8888 CYPRESS HAMMOCK DR TAMPA, FL 33614-8100</b>			Mailing Address <b>8888 CYPRESS HAMMOCK DR TAMPA, FL 33614-8100</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MAN-SON-HING, JANISE</b> <b>8888 CYPRESS HAMMOCK DR</b> <b>TAMPA, FL 33614</b>				Name <b>EDWARD M. LIVINGSTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>8822 CYPRESS HAMMOCK DR.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33614</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.					
SIGNATURE  <b>EDWARD M. LIVINGSTON, PRESIDENT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>1-31-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MON-SON-HING, JANISE</b> <b>8888 CYPRESS HAMMOCK DR</b> <b>TAMPA, FL 33614</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EDWARD M. LIVINGSTON</b> <b>8822 CYPRESS HAMMOCK DR.</b> <b>TAMPA FL 33614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SLOTTY, CRAIG E</b> <b>8842 CYPRESS HAMMOCK DR</b> <b>TAMPA, FL 33614</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SCOTT MONAHAN</b> <b>8847 CYPRESS HAMMOCK DR.</b> <b>TAMPA FL 33614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GUIDA, MILDRED</b> <b>8826 CYPRESS HAMMOCK DR</b> <b>TAMPA, FL 33614</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ABEL SCHOEMAN</b> <b>8861 CYPRESS HAMMOCK DR.</b> <b>TAMPA FL 33614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE:  <b>EDWARD M. LIVINGSTON, PRESIDENT</b> <b>1-31-06</b> <b>813-784-3357</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					