


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90067 032 ****61.25

DOCUMENT # N97000003957 1. Entity Name CYPRESS LAKES ESTATES III HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2757 MEADOWVIEW CT TARPON SPRINGS, FL 34688 US		Mailing Address 2757 MEADOWVIEW CT TARPON SPRINGS, FL 34688 US	
2. Principal Place of Business - No P.O. Box # 2748 MEADOWVIEW CT Suite, Apt. #, etc.		3. Mailing Address 2748 MEADOWVIEW CT Suite, Apt. #, etc.	
City & State TARPON SPRINGS FL Zip 34688		City & State TARPON SPRINGS FL Zip 34688	
Country USA		Country USA	
4. FEI Number 59-3457806		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALRK, ROBERT L 2757 MEADOWVIEW CT TARPON SPRINGS, FL 34688		7. Name and Address of New Registered Agent Name BENNAWIT, BART Street Address (P.O. Box Number is Not Acceptable) 2748 MEADOWVIEW CT City TARPON SPRINGS FL Zip Code 34688	
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 <u><i>Bart D. Bennawit</i></u> (NOTE: Registered Agent signature required when reinstating.) DATE <u>2/8/2007</u>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, ROBERT 2757 MEADOWVIEW CT TARPON SPRINGS, FL 34688	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDRADE, SANDY 2806 MEADOWVIEW COURT TARPON SPRINGS, FL 34688	<input checked="" type="checkbox"/> Delete	TD BENNAWIT, BART 2748 MEADOWVIEW CT TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BADILLO, LINDA 2791 MEADOWVIEW CT TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete	SD CHERIE MONARCH 2820 MEADOWVIEW CT TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LACAMERA, RICHARD 2805 MEADOWVIEW CT TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<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: <u><i>Bart D. Bennawit</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>2/8/2007</u> (227) 945-1217 Date Daytime Phone #	

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