


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90413 020 ****61.25

DOCUMENT # N97000005700
1. Entity Name
CYPRESS WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
516 DELANNOY AVE.
COCOA, FL 32922

Mailing Address
PO BOX 3767
COCOA, FL 32924-3767

2. Principal Place of Business
1555 FRINGE PL
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 838
Suite, Apt. #, etc.

City & State
Cocoa FL
Zip
32921
Country
USA

City & State
Sharpes FL
Zip
32959
Country
USA



02222006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3496835

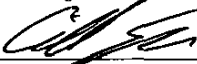
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BEYER, RICHARD E JR
516 DELANNOY AVE.
COCOA, FL 32922

7. Name and Address of New Registered Agent
Name
CLIFFORD AGER
Street Address (P.O. Box Number is Not Acceptable)
7575 FRINGE PLACE
City
Cocoa
FL
Zip Code
32927

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  DATE 4/8/2006

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEYER, RICHARD E JR 516 DELANNOY AVE. COCOA, FL 32922 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEYER, MARY S 516 DELANNOY AVE. COCOA, FL 32922 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VINCENT, LYNDA L 516 DELANNOY AVE. COCOA, FL 32922 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGER, CLIFF 7575 FRINGE PLACE COCOA, FL 32927 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P AGER, CLIFFORD P.O. BOX 838 Sharpes FL 32959-0838 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DORI DELLO RUSSO P.O. BOX 838 Sharpes FL 32959-0838 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Tom ROSATI P.O. BOX 838 SHARPES, FL 32959-0838 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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:  CLIFFORD AGER Date 3/21/2006 Daytime Phone # 321-271-1258

Signature and typed or printed name of signing officer or director