


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

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



Principal Place of Business 7555 FRINGE PLACE COCOA, FL 32927 US	Mailing Address PO BOX 838 SHARPES, FL 32959 US
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**DO NOT WRITE IN THIS SPACE**



01212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3496835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 AGER, CLIFFORD  
 7575 FRINGE PLACE  
 COCOA, FL 32927

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2007**

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

100000054285  
 03/13/07-80056-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGER, CLIFFORD P.O. BOX 868 SHARPES, FL 329590838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DELLO RUSSO, DORI P.O. BOX 868 SHARPES, FL 329590838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSATI, TOM P.O. BOX 868 SHARPES, FL 329590838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 title empowered.

**SIGNATURE:** Louis Dello Russo Doris Dello Russo 2-27-07 321-632-2013  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #