

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 26, 2007
Secretary of State**

DOCUMENT# N97000005700

Entity Name: CYPRESS WOODS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5720 CINNAMON FERN BLVD
COCOA, FL 32927 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 838
SHARPES, FL 329590838 US**New Mailing Address:**

FEI Number: 59-3496835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:RASKA, MICHAEL J
5720 CINNAMON FERN BLVD
PORT ST JOHN, FL 32937 US**Name and Address of New Registered Agent:**RASKA, MICHAEL J
5720 CINNAMON FERN BLVD
COCOA, FL 32937 US

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.

SIGNATURE:

10/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: AGER, CLIFFORD
Address: P.O. BOX 868
City-St-Zip: SHARPES, FL 329590838Title: DV () Delete
Name: ROSATI, TOM
Address: P.O. BOX 868
City-St-Zip: SHARPES, FL 329590838Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change () Addition
Name: RASKA, MICHAEL J
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838Title: DST (X) Change () Addition
Name: BELCAVITCH, KIMBERLY S
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838Title: DV () Change (X) Addition
Name: DAVIS, RANDAL
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY BELCAVITCH

DST

10/26/2007

Electronic Signature of Signing Officer or Director

Date