

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005700

FILED
Apr 29, 2008
Secretary of State

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
COCOA, FL 32937 US

Name and Address of New Registered Agent:

FRAIR, NORMA (EMA) J
5310 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: NORMA J. (EMA) FRAIR 04/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RASKA, MICHAEL J
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

Title: DST () Delete
Name: BELCAVITCH, KIMBERLY S
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

Title: DV () Delete
Name: DAVIS, RANDAL
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WALDO, DAVID
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

Title: DST (X) Change () Addition
Name: FRAIR, NORMA (EMA) J
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIA () Change (X) Addition
Name: D'ANDREA, TONY
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

Title: DEA () Change (X) Addition
Name: WARNER, STEVE
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: NORMA J. (EMA) FRAIR DST 04/29/2008
Electronic Signature of Signing Officer or Director Date