

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N98000002888

1. Entity Name  
CYPRESS HEAD AT THE ENCLAVE ASSOCIATION, INC.



Print: Premier Property Management of CFL  
206 SAN 735 Primera Boulevard Suite 110  
Lake Mary, FL 32746

Address  
X 1596  
RD, FL 32771-1596

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 24, 2008 8:00 am  
Secretary of State**

04-24-2008 90100 029 \*\*\*\*61.25



02202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3524437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  
Premier Property Management of CFL NTRAL FL.  
735 Primera Boulevard Suite 110  
Lake Mary, FL 32746

7. 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 *Smart Holbrook*

(NOTE: Registered Agent signature required when reinstating)

*4/11/08*

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME EVANS, JIM  
STREET ADDRESS 5358 RED LEAF CT.  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE SD VP  
NAME WALKER, JUDY  
STREET ADDRESS 5353 RED LEAF COURT  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D  
NAME HOLLAND, JIM  
STREET ADDRESS 5206 SMOKEY WATER LN.  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VP/ PD  
NAME BERTUCCI, DAVID  
STREET ADDRESS 5576 WHITE HEON PLACE  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE TD  
NAME HAND, ROBIN  
STREET ADDRESS 2787 CYPRESS HEAD TR.  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE DS  
NAME Laird, Kelly  
STREET ADDRESS 5551 White Heron  
CITY-ST-ZIP Oviedo FL 32765

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: *David Bertucci* — *David Bertucci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/19/08* 407-322-4922  
Date Daytime Phone #