

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007198

FILED
Apr 30, 2005
Secretary of State

Entity Name: CYPRESS BREEZE PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

40001 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

40001 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3627229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, DANA C
4475 LEGENDARY DRIVE
BOX 40
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ADKINSON, WAYNE
Address: 29874 U.S. HWY. 331 SOUTH
City-St-Zip: FREEPORT, FL 32439

Title: VPTD () Delete
Name: ADKINSON, CHAD
Address: 90 SPIRES LANE UNIT 11A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VPTD () Delete
Name: DEVARONA, ENRIQUE
Address: 407 EVANS ROAD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change () Addition
Name: ADKINSON, WAYNE
Address: 29874 U.S. HWY. 331 SOUTH
City-St-Zip: FREEPORT, FL 32439

Title: VPTD (X) Change () Addition
Name: ADKINSON, CHAD
Address: 40001 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

Title: PD (X) Change () Addition
Name: DEVARONA, ENRIQUE
Address: 407 EVANS ROAD
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WAYNE ADKINSON

VP

04/30/2005

Electronic Signature of Signing Officer or Director

Date