2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007198

FILED Apr 18, 2007 Secretary of State

Entity Name: CYPRESS BREEZE PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

42 BUSINESS CENTRE DRIVE SUITE 401

MIRAMAR BEACH, FL 32550 US

Current Mailing Address: New Mailing Address:

42 BUSINESS CENTRE DRIVE SUITE 401

MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3627229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

COOK, JOSEPH M
42 BUSINESS CENTRE DRIVE
SUITE 303
MIRAMAR BEACH, FL 32550 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: JOSEPH M. COOK 04/18/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VPTD () Delete
 Title:
 VPTD (X) Change () Addition

 Name:
 ADKINSON, WAYNE
 Name:
 ADKINSON, WAYNE

 Address:
 29874 U.S. HWY. 331 SOUTH
 Address:
 557 WATERVIEW COVE

Address: 29874 U.S. HWY. 331 SOUTH Address: 557 WATERVIEW COVE City-St-Zip: FREEPORT, FL 32439 City-St-Zip: FREEPORT, FL 32439

Title: VPSD () Delete Title: VPSD (X) Change () Addition Name: ADKINSON, CHAD Name: ADKINSON, CHAD

Address: 145 ACACIA STREET Address: 210 CYPRESS BREEZE BLVD SOUTH City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: PD () Delete Title: () Change () Addition

 Name:
 DEVARONA, ENRIQUE J
 Name:

 Address:
 324 CYPRESS BREEZE BLVD
 Address:

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ENRIQUE DEVARONA VPSD 04/18/2007