

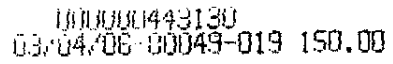
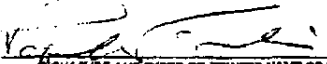


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000031716		
1. Entity Name CYPRESS LAKE COUNTRY CLUB VILLAS, INC.		
Principal Place of Business 182 W CENTRAL STREET SUITE 303 NATICK, MA 01760 US		Mailing Address 182 W CENTRAL STREET SUITE 303 NATICK, MA 01760 US
DO NOT WRITE IN THIS SPACE		
		 02132006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0404553
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GARVIN & TRIPP 2532 EAST FIRST STREET P.O. DRAWER 2040 FORT MYERS, FL 33902		DO NOT WRITE IN THIS SPACE
8. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCHI, PASQUALE 182 W CENTRAL STREET NATICK, MA 01760	 03/04/06-00049-019 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRANCHI, LOUIS 182 W CENTRAL STREET NATICK, MA 01760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FRANCHI, PATRICIA 182 W CENTRAL STREET NATICK, MA 01760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 607, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pasquale Franchi		Date 2/14/06 508-650-4900 Daytime Phone #