


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000031716 1. Entity Name CYPRESS LAKE COUNTRY CLUB VILLAS, INC.	
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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
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03022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0404553	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000658838 03/16/07-80005-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCHI, PASQUALE 182 W CENTRAL STREET NATICK, MA 01760
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Patricia Franchi* 3/3/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #