

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723870

FILED
Apr 27, 2009
Secretary of State

Entity Name: CYPRESS LAKE NO. 8, INC.

Current Principal Place of Business:

751 S.E. 15TH STREET
POMPANO BEACH, FL 330609441

New Principal Place of Business:

751 S.E. 15TH STREET
#4
POMPANO BEACH, FL 330609441

Current Mailing Address:

751 E, MCNAB ROAD
#4
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-1026455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLMARK, DEBERA J
751 E. MCNAB ROAD
#4
POMPANO BEACH, FL 33060 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: TD () Delete
Name: HALLMARK, DEBERA
Address: 751 SE 15 ST # 4
City-St-Zip: POMPANO BEACH, FL 33060

Title: PD () Delete
Name: GINIGNAMI, ELYSA
Address: 751 SE 15 ST # 2
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD () Delete
Name: LINDGREN, PETER
Address: 751 SE 15TH STREET #1
City-St-Zip: POMPANO BEACH,, FL 33060

Title: SD () Delete
Name: SPRINGETT, APRIL
Address: 751 SE 15TH STREET #3
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBERA J. HALLMARK

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04/27/2009

Electronic Signature of Signing Officer or Director

Date