# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 09, 2009**
**Secretary of State**

DOCUMENT# 747951

**Entity Name:** CYPRESS LAKES MASTER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3445 CYPRESS TRAIL
WEST PALM BEACH, FL 33417 US

**New Principal Place of Business:**

**Current Mailing Address:**

3445 CYPRESS TRAIL
WEST PALM BEACH, FL 33417 US

**New Mailing Address:**

**FEI Number: 59-2538729** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

BECKER & POLIAKOFF, P.A.
625 FLAGLER DRIVE
7TH FLOOR
WEST PALM BEACH, FL 33401 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: PD ( ) Delete
Name: ARTIGIANI, STEPHANIE
Address: 3445 CYPRESS TRAIL
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD ( ) Delete
Name: LEIDER, ETHEL
Address: 3445 CYPRESS TRAIL
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPD ( ) Delete
Name: ANTHONY, SANTORIELLO
Address: 3445 CYPRESS TRL
City-St-Zip: WEST PALM BEACH, FL 33417

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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: SD ( ) Change (X) Addition
Name: RUBIN, EDWIN
Address: 3445 CYPRESS TRAIL
City-St-Zip: WEST PALM BEACH, FL 33417

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: STEPHANIE G. ARTIGIANI PD 06/09/2009
Electronic Signature of Signing Officer or Director — Date