

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750236

FILED
Jan 15, 2007
Secretary of State

Entity Name: CYPRESS BEND HOMEOWNERS ASSOCIATION OF COUNTRYSIDE, INC.

Current Principal Place of Business:

2579 WINDING WOOD DR.
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

2579 WINDING WOOD DR.
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 59-2455796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMANWAY, ROBERT D
2579 WINDING WOOD DR.
CLEARWATER, FL 33761 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: VP () Delete
Name: TENNANT, RICHARD
Address: 2649 WINDINGWOOD DR.
City-St-Zip: CLEARWATER, FL 33761

Title: T () Delete
Name: SOBUSH, DAVID
Address: 2535 CYPRESS BEND DR W
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: KLINGER, GEORGE
Address: 2573 WINDING WOOD DR
City-St-Zip: CLEARWATER, FL 33761

Title: S () Delete
Name: DUPREE, JUDY
Address: 2650 PEACHTREE CIR
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: PINDJAK, KEVIN
Address: 2613 CYPRESS BEND DR W
City-St-Zip: CLEARWATER, FL 33761

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 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: ROBERT D. MCMANAWAY

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01/15/2007

Electronic Signature of Signing Officer or Director

Date