2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750236

FILED Feb 18, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2579 WINDING WOOD DR. CLEARWATER, FL 33761 US **Current Mailing Address: New Mailing Address:** 2579 WINDING WOOD DR. CLEARWATER, FL 33761 US FEI Number: 59-2455796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCMANWAY, ROBERT D MCMANAWAY, ROBERT D 2579 WINDING WOOD DR. 2579 WINDING WOOD DR. US US CLEARWATER, FL 33761 CLEARWATER, FL 33761 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: ROBERT MC MANAWAY 02/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TENNANT, RICHARD Name: Name: 2649 WINDINGWOOD DR. Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: Title: () Delete Title: () Change () Addition PINDJAK, KEVIN Name: Name: Address: 2613 CYPRESS BEND DR W Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: Title: () Delete Title: (X) Change () Addition KLINGER, GEORGE MARAN, MARY Name: Name: 2573 WINDING WOOD DR 2655 WINDING WOOD DR Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761 Title: () Delete Title: (X) Change () Addition MC MANAWAY, ROBERT Name: DUPREE, JUDY Name: 2579 WINDING WOOD DR Address: 2650 PEACHTREE CIR Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761 Title: () Delete Title: () Change (X) Addition STITT, WILLIAM Name: Name: 2643 CYPRESS BEND DR Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33761

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: WILLIAM STITT P 02/18/2008