# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2009**
**Secretary of State**

DOCUMENT# 750236

**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:**

MCMANAWAY, 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: PINDJAK, KEVIN
Address: 2613 CYPRESS BEND DR W
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete
Name: MARAN, MARY
Address: 2655 WINDING WOOD DR
City-St-Zip: CLEARWATER, FL 33761

Title: S ( ) Delete
Name: MC MANAWAY, ROBERT
Address: 2579 WINDING WOOD DR
City-St-Zip: CLEARWATER, FL 33761

Title: P ( ) Delete
Name: STITT, WILLIAM
Address: 2643 CYPRESS BEND DR
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition
Name: DE SOUZA, KIMBERLY
Address: 2731 WINDING WOOD DR
City-St-Zip: CLEARWATER, FL 33761

Title: D (X) Change ( ) Addition
Name: SOBUSH, DAVID
Address: 2535 CYPRESS BEND DRIVE
City-St-Zip: CLEARWATER, FL 33761

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: WILLIAM STITT P 01/12/2009

Electronic Signature of Signing Officer or Director — Date