

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 12, 2008
Secretary of State**

DOCUMENT# N02000003872

Entity Name: CYPRESS CAY PROPERTY ASSOCIATION, INC.

Current Principal Place of Business:13309 HAMPTON PARK CT.
FT. MYERS, FL 33913 US**New Principal Place of Business:**6719 WINKLER RD
STE 200
FT. MYERS, FL 33919 US**Current Mailing Address:**13309 HAMPTON PARK CT.
15600 CATALPA COVE DR
FORT MYERS, FL 33913 US**New Mailing Address:**6719 WINKLER RD
STE 200
FORT MYERS, FL 33919 US

FEI Number: 03-0488007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MASTERS, JOHN
13309 HAMPTON PARK CT.
FORT MYERS, FL 33913 US**Name and Address of New Registered Agent:**ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD
STE 200
FORT MYERS, FL 33919 US

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: MILLIE STROHM

06/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: TD () Delete
Name: DOIRON, SUE
Address: 13440 HAMPTON PARK CT
City-St-Zip: FT MYERS, FL 33913Title: VP/S () Delete
Name: CHIN, TONY
Address: 11200 CYPRESSSS TREE CIRCLE
City-St-Zip: FT. MYERS, FL 33913 USTitle: D () Delete
Name: WILSON, ROSEMARY
Address: 11404 LAKE CYPRESS LOOP
City-St-Zip: FT. MYERS, FL 33913 USTitle: D () Delete
Name: MILLER, MICHELLE
Address: 13436 BRISTOL PARK WAY
City-St-Zip: FT. MYERS, FL 33913Title: P () Delete
Name: MASTERS, JOHN
Address: 13309 HAMPTON PARK
City-St-Zip: FT MYERS, FL 33913**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: CHIN, TONY
Address: 11200 CYPRESSSS TREE CIRCLE
City-St-Zip: FT. MYERS, FL 33913 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD (X) Change () Addition
Name: MILLER, MICHELLE
Address: 13436 BRISTOL PARK WAY
City-St-Zip: FT. MYERS, FL 33913Title: () 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: SUE DOIRON

TD

06/12/2008

Electronic Signature of Signing Officer or Director

Date