

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010493

FILED
Apr 21, 2009
Secretary of State

Entity Name: CYPRESS POINTE AT HERON BAY MASTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17784 W SAMPLE RD
#103
CORAL SPRINGS, FL 33065

Current Mailing Address:

17784 W SAMPLE RD
#103
CORAL SPRINGS, FL 33065

New Principal Place of Business:

11784 W SAMPLE RD
#103
CORAL SPRINGS, FL 33065

New Mailing Address:

11784 W SAMPLE RD
#103
CORAL SPRINGS, FL 33065

FEI Number: 20-1998172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
#300
BONITA SPRINGS, FL 34134 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: VIVIEN N HASTINGS

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LA CALLE, MARGARET
Address: 11575 HERON BAY BLVD
City-St-Zip: CORAL SPRINGS, FL 33076

Title: TD () Delete
Name: SMETANA, MARK
Address: 11575 HERON BAY BOULEVARD
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD () Delete
Name: GALLOWAY, VALERIA
Address: 5957 NW 47 WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Delete
Name: MONTI, RICHARD
Address: 8041 NW 127 LANE
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PARATORE, LOU
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD (X) Change () Addition
Name: WILSON, STEVE
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TDSD (X) Change () Addition
Name: BOYD, CONNIE
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

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: MARY LOU PALMER

AGT

04/21/2009

Electronic Signature of Signing Officer or Director

Date