2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N17503

Entity Name: CYPRESS KEEP CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O APEX MGMT
13611 MCGREGOR BLVD. #6
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

C/O APEX MGMT
13611 MCGREGOR BLVD. #6
FT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-2773863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APEX MGMT STERVICES
13611 MCGREGOR BLVD. #6
FORT MYERS, FL 33919 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: VD ( ) Delete
Name: MCCLEARY, LEE
Address: 13694 FALEIGH LN K4
City-St-Zip: FORT MYERS, FL 33919

Title: PD ( ) Delete
Name: DYKSTRA, ROBERT
Address: 13660 ABBEY DR E5
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: KAHRMANN, DONALD
Address: 13690 RALEIGH LN J1
City-St-Zip: FORT MYERS, FL 33919

Title: SD (X) Delete
Name: NAYLOR, CHRISTINA
Address: 13660 ABBEY DR E1
City-St-Zip: FORT MYERS, FL 33919

Title: TD (X) Delete
Name: WHITE, DARREN
Address: 13660 ABBEY DR E1
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: WHITE, DARREN
Address: 13660 ABBEY DR E1
City-St-Zip: FORT MYERS, FL 33919

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

Title: SD (X) Change ( ) Addition
Name: NAYLOR, CHRISTINA
Address: 13660 ABBEY DR E1
City-St-Zip: FORT MYERS, FL 33919

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 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 DYKSTRA PD 03/04/2009

Electronic Signature of Signing Officer or Director — Date