

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17804

FILED
Apr 23, 2009
Secretary of State

Entity Name: CYPRESS POINT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6500 MARINER SANDS DRIVE
STUART, FL 349978723

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 59-2789787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANTAGE PROPERTY MANAGEMENT, LLC
1111 SE FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 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: PD () Delete
Name: WELLS, NORMAN
Address: 6500 MARINER SANDS DRIVE
City-St-Zip: STUART, FL 34997

Title: VD () Delete
Name: MOORE, SALLY
Address: 6500 MARINER SANDS DR.
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: PRICE, KEN
Address: 6500 MARINER SANDS DR
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: CORASH, ROBERT
Address: 6948 PACIFIC DRIVE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: DWYER, MAUREEN
Address: 6780 PACIFIC DRIVE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: WELLS, NORMAN
Address: 6872 PACIFICA DRIVE
City-St-Zip: STUART, FL 34997

Title: VPD (X) Change () Addition
Name: LANGELLA, BARBARA
Address: 6673 PACIFICA DRIVE
City-St-Zip: STUART, FL 34997

Title: TD (X) Change () Addition
Name: PRICE, KEN
Address: 6957 PACIFICA DRIVE
City-St-Zip: STUART, FL 34997

Title: PD (X) Change () Addition
Name: CORASH, ROBERT
Address: 6948 PACIFIC DRIVE
City-St-Zip: STUART, FL 34997

Title: D (X) Change () Addition
Name: MOLDIN, RICHARD
Address: 6965 PACIFICA DRIVE
City-St-Zip: STUART, FL 34997

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 CORASH

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date