2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50757

FILED Jan 15, 2009 Secretary of State

Entity Name: CYPRESS CREEK HOMEOWNERS ASSOCIATION OF BREVARD, INC.

Littly Nam	ie. CIPKLOC	CREEKTIONIEOWINERS	4000CIATION OI	BREVARD, IN	O.		
Current Principal Place of Business:				New Principal Place of Business:			
C/O SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC COURT STE 104 MELBOURNE, FL 32940				C/O CLAIRE ZORYK 3630 PAINTED BUNTING PL GRANT, FL 32949			
Current Mailing Address:				New Mailing Address:			
C/O SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC COURT STE 104 MELBOURNE, FL 32940				C/O CLAIRE ZORYK 3630 PAINTED BUNTING PL GRANT, FL 32949			
FEI Number: (65-0388677	FEI Number Applied For ()	FEI Number No	t Applicable ()	Certificate of Status I	Desired ()	
Name and	Address of C	urrent Registered Agent:	Name	and Address o	of New Registered Ag	ent:	
SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC COURT STE 104 MELBOURNE, FL 32940 US				ZORYK, CLAIRE 3630 PAINTED BUNTING PL GRANT, FL 32949 US			
The above r		ubmits this statement for the	purpose of chang	ging its registere	ed office or registered a	gent, or both,	
SIGNATURE: CLAIRE ZORYK				01/15/2009			
	Electroni	c Signature of Registered A	gent		Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP () RUOHOMAKI, D 5583 LOBLOLLY GRANT, FL 329	/ PLACE	Title: Name: Addres City-St		() Change () Addition		
Title: Name: Address: City-St-Zip:	DP () KOLOSKI, LINDA 3661 FICUS PL GRANT, FL 329		Title: Name: Addres City-St		() Change () Addition		
Title: Name: Address: City-St-Zip:	S () KOLAR, LISETT 5180 RED BAYL GRANT, FL 329	ANE	Title: Name: Addres City-St		() Change () Addition		
Title: Name: Address: City-St-Zip:	T () GRIFFON, MOU 3651 PAINTED E GRANT, FL 329	BUNTING PL	Title: Name: Addres City-St		FFLERA PLACE		
Title: Name: Address: City-St-Zip:	D () BARBAI, STEVE 3641 FICUS PLA GRANT, FL 329	ACE	Title: Name: Addres City-St		TED BUNTING PLACE		

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: CLAIRE ZORYK RA 01/15/2009