

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50757

FILED  
Jan 19, 2010  
Secretary of State

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

**Current Principal Place of Business:**

C/O CLAIRE ZORYK  
3630 PAINTED BUNTING PL  
GRANT, FL 32949

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CLAIRE ZORYK  
3630 PAINTED BUNTING PL  
GRANT, FL 32949

**New Mailing Address:**

**FEI Number:** 65-0388677      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZORYK, CLAIRE  
3630 PAINTED BUNTING PL  
GRANT, FL 32949    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: VP  
Name: RUOHOMAKI, DAVIN  
Address: 5583 LOBLOLLY PLACE  
City-St-Zip: GRANT, FL 32949

Title: PRES  
Name: KOLOSKI, LINDA  
Address: 3661 FICUS PL  
City-St-Zip: GRANT, FL 32949

Title: SEC  
Name: KOLAR, LISETTE  
Address: 5180 RED BAYLANE  
City-St-Zip: GRANT, FL 32949

Title: TREA  
Name: HENDER, JEAN  
Address: 5564 SCHEFFLERA PLACE  
City-St-Zip: GRANT, FL 32949

Title: DIR  
Name: SHAFFER, JENNIFER  
Address: 3670 PAINTED BUNTING PLACE  
City-St-Zip: GRANT, FL 32949

I hereby 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 all other like empowered.

SIGNATURE: CLAIRE ZORYK

R/A

01/19/2010

Electronic Signature of Signing Officer or Director

Date