

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2009
Secretary of State**

DOCUMENT# N93000001232

Entity Name: CYPRESS ISLE ESTATES AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0417235 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEWSOME, JOHN
WELLINGTON MANAGEMENT, INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 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: MCMILLEN, DOUGLAS
Address: 1719 CYPRESS ROW DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ST () Delete
Name: ALLENSON, RICHARD
Address: 1712 CYPRESS ROW DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP () Delete
Name: CASEY, SHARON
Address: 1162 BREAKER W BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DOUGLAS MCMILLEN

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date