2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001232

Apr 12, 2010 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

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

New Mailing Address: **Current Mailing Address:**

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

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

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

NEWSOME, JOHN NEWSOME, JOHN WELLINGTON MANAGEMENT, INC CONTINENTAL WELLINGTON 3461-B FAIRLANE FARMS RD 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 US WELLINGTON, FL 33414 US

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: 04/12/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PRES

MCMILLEN, DOUGLAS Name: 1719 CYPRESS ROW DR Address: City-St-Zip: WEST PALM BEACH, FL 33411

Title:

Name: ALLENSON, RICHARD Address: 1712 CYPRESS ROW DR City-St-Zip: WEST PALM BEACH, FL 33411

Title: VΡ

CASEY, SHARON Name: Address: 1162 BREAKER W BLVD City-St-Zip: WEST PALM BEACH, FL 33411

Title:

Name: MANDICH, DONALD R Address: 1675 CYPRESS ROW DRIVE City-St-Zip: WEST PALM BEACH, FL 33411

Title:

FINKL, CHARLES W DR Name: 1656 CYPRESS ROW DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33411

Title:

RIDOLFO, LAURA Name:

Address: 1082 BREAKERS WEST BLVD WEST PALM BEACH, FL 33411 City-St-Zip:

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.

PRES SIGNATURE: DOUGLAS MCMILLEN 04/12/2010