

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003199

FILED
Mar 25, 2009
Secretary of State

Entity Name: CYPRESS LAKE TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

% 2226 CYPRESS KNEE LOOP
KISSIMMEE, FL 34743 US

New Principal Place of Business:

Current Mailing Address:

475 W TOWN PLACE
100
SAINT AUGUSTINE, FL 32092 US

New Mailing Address:

P. O. BOX 617006
ORLANDO, FL 32861 US

FEI Number: 65-0520017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES, INC.
475 W TOWN PLACE
100
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

FLORES, JUAN E MANAGER
7455 VICTORIA CIRCLE
ORLANDO, FL 32835 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: JUAN E. FLORES

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAYEL, WILLIAM
Address: 2347 WATERVIEW LOOP
City-St-Zip: KISSIMMEE, FL 34743 US

Title: VPD () Delete
Name: MARCOVICH, RICARDO
Address: 2323 WATERVIEW LOOP
City-St-Zip: KISSIMMEE, FL 34743 US

Title: STY () Delete
Name: VASQUEZ, ANA
Address: 2170 CYPRESS BAY BLVD
City-St-Zip: KISSIMMEE, FL 34743 US

Title: TD () Delete
Name: VASQUEZ, ALICEA
Address: 2362 WATERVIEW LOOP
City-St-Zip: KISSIMMEE, FL 34743 US

Title: D () Delete
Name: MACEDO, IZZY
Address: 2112 CYPRESS BAY BLVD
City-St-Zip: KISSIMMEE, FL 34743 US

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:

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: WILLIAM RAYEL

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date