

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003903

FILED
Feb 25, 2008
Secretary of State

Entity Name: CYPRESS HEAD RESIDENTIAL HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

FEI Number: 59-3263115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

BARKIN, MICHELE
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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: _____

02/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOWE, SUSAN
Address: 6498 CYPRESS SPRINGS PARKWAY
City-St-Zip: PORT ORANGE, FL 32128

Title: VP () Delete
Name: FRYE, NORMAN
Address: 6432 LONGLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: T () Delete
Name: STARK, WILLIAM
Address: 6474 LONGLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CAMPION, TOM
Address: 6455 LONGLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

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

Title: SEC () Change (X) Addition
Name: TUTTLE, LYNN
Address: 6485 CYPRESS SPRINGS PARKWAY
City-St-Zip: PORT ORANGE, FL 32128

Title: D () Change (X) Addition
Name: WHITE, BOB
Address: 6459 LONGLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

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: SUSAN LOWE

P

02/25/2008

Electronic Signature of Signing Officer or Director

Date