2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N38596

Entity Name: CYPRESS COVE OF JUPITER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1930 COMMERCE LANE
SUITE 1
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

1930 COMMERCE LANE
SUITE 1
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 65-0228334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGLIS, STEVE
BRISTOL MANAGEMENT
1930 COMMERCE LANE SUITE ONE
JUPITER, FL 33458 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: D ( ) Delete
Name: ADDINGTON, TOM
Address: 685 CYPRESS COVE CR
City-St-Zip: JUPITER, FL 33458

Title: T ( ) Delete
Name: MCNABOE, JOHN
Address: 6864 CYPRESS COVE CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: S ( ) Delete
Name: TURIANO, KAREN
Address: 6989 CYPRESS COVE CIRLE
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: RORAFF, KAREN
Address: 6869 CYPRESS COVE CIRCLE
City-St-Zip: JUPITER, FL 33458

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MURPHY, RICHARD
Address: 6822 CYPRESS COVE CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: T (X) Change ( ) Addition
Name: MCNABOE, JOHN
Address: 6846 CYPRESS COVE CIRCLE
City-St-Zip: JUPITER, FL 33458

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

Title: D (X) Change ( ) Addition
Name: GULEY, MARK
Address: 6869 CYPRESS COVE CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Change (X) Addition
Name: MADEY, JOHN
Address: 6755 CYPRESS COVE CIRCLE
City-St-Zip: JUPITER, FL 33458

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: LINDY SAVAGE LCAM 03/06/2009

Electronic Signature of Signing Officer or Director — Date