

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001271

FILED
Apr 05, 2009
Secretary of State

Entity Name: CYPRESS POINT HOMEOWNERS ASSN, INC.

Current Principal Place of Business:

26430 SAVAGE CIR
HOWEY IN THE HILLS, FL 347373028

New Principal Place of Business:

Current Mailing Address:

26419 SAVAGE CIR
HOWEY IN THE HILLS, FL 347373028

New Mailing Address:

FEI Number: 59-2811868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNWELL, DIANA M
26418 SAVAGE CIR
HOWEY IN THE HILLS, FL 34737 US

Name and Address of New Registered Agent:

RYAN, MARY M
26419 SAVAGE CIR
HOWEY IN THE HILLS, FL 34737 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: MARY M. RYAN

04/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WATKINS, YEUELL
Address: 26430 SAVAGE CIRCLE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: ST () Delete
Name: RYAN, MARY M
Address: 26419 SAVAGE CIRCLE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D () Delete
Name: MYERS, DAVE
Address: 11136 SAVAGE CIRCLE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D () Delete
Name: BOWLING, TONY
Address: 26419 SAVAGE CIRCLE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D () Delete
Name: PRATER, LOWELL
Address: 26439 SAVAGE CIRCLE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D () Delete
Name: THOMSEN, SVEN
Address: 26512 SAVAGE CIRCLE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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
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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: MARY M. RYAN

ST

04/05/2009

Electronic Signature of Signing Officer or Director

Date