2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# N97000004363

Entity Name: CYPRESS LANDING HOMEOWNERS' ASSOCIATION OF CLERMONT, INC.

Current Principal Place of Business:

12206 CYPRESS LANDING AVE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120669
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 59-3521169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNN, RICHARD
12206 CYPRESS LANDING AVE
CLERMONT, FL 34711 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: VPD ( ) Delete
Name: JOHNSON, MICHELE
Address: 11945 CYPRESS LANDING AVE.
City-St-Zip: CLERMONT, FL 34711

Title: PD ( ) Delete
Name: DUNN, RICHARD
Address: 12206 CYPRESS LANDING AVE.
City-St-Zip: CLERMONT, FL 34711

Title: DST ( ) Delete
Name: MANZI, PAULA
Address: 12219 CYPRESS LANDING AVE.
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: SOMMA, JEFF
Address: 12231 CYPRESS LANDING AVE.
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: HEITMAN, RYAN
Address: 11921CYPRESS LANDING AVENUE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: COLLINS, JOSEPH
Address: 12136 CYPRESS LANDING AVE.
City-St-Zip: CLERMONT, FL 34711

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

Title: DST (X) Change ( ) Addition
Name: JOHNSON, MICHELE
Address: 11945 CYPRESS LANDING AVE.
City-St-Zip: CLERMONT, FL 34711

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: MICHELE JOHNSON DST 05/12/2009

Electronic Signature of Signing Officer or Director — Date