2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# 715571

Entity Name: CYPRESS GARDENS CONDOMINIUM, INC.

Current Principal Place of Business:

2219-2225 PLK ST.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

ELITE MANAGEMENT ASSOCIATES, INC.
SUITE# E-1
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 59-1285770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELITE MANAGEMENT ASSOCIATES, INC.
10081 PINES BLVD.
SUITE# E-1
PEMBROKE PINES, FL 33024 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: P ( ) Delete
Name: MCGOWAN, KATHRYN
Address: 2219 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: TR/S ( ) Delete
Name: BELANGER, MICHELLE
Address: 2225 POLK ST., #103
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP ( ) Delete
Name: HORN, MARY
Address: 2219 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: D ( ) Delete
Name: PARE, CHARLES
Address: 2219 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33020 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:

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: KATHRYN MCGOWAN PRES 03/22/2009

Electronic Signature of Signing Officer or Director — Date