

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725590

FILED
Jan 26, 2009
Secretary of State

Entity Name: CYPRESS BEND PROTECTIVE CORPORATION, INC.

Current Principal Place of Business:

2301 CYPRESS BEND DR. SO.
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2301 CYPRESS BEND DR. SO.
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-1577746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NW 6TH WAY #103
FORT LAUDERDALE, FL 33309 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: PETERS, BARBARA
Address: 2217 CYPRESS ISLAND DR. #205
City-St-Zip: POMPANO BEACH, FL 33069

Title: S () Delete
Name: ELLIOT, JANICE
Address: 2304 S. CYPRESS BEND DR #413B
City-St-Zip: POMPANO BEACH, FL 33069

Title: TD () Delete
Name: KING, JAMES
Address: 2222 CYPRESS BEND DR N 410
City-St-Zip: POMPANO BCH., FL 33069

Title: VD () Delete
Name: DAISEY, DEIDRA
Address: 2309 CYPRESS BEND DR S #413A
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: ELLIOT, JANICE
Address: 2304 S. CYPRESS BEND DR. #413B
City-St-Zip: POMPANO BEACH, FL 33069

Title: TD (X) Change () Addition
Name: PETERS, BARBARA
Address: 2217 CYPRESS ISLAND DR. #205
City-St-Zip: POMPANO BCH., FL 33069

Title: VD (X) Change () Addition
Name: WELLS, GERALD
Address: 2240 CYPRESS BEND DR. N #208
City-St-Zip: POMPANO BEACH, FL 33069

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: BARBARA PETERS, PRES.

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date