## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#750135** 

BONITA SPRINGS, FL 34135

FILED Mar 31, 2010 Secretary of State

Entity Name: CYPRESS PLANTATIONS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business:

27180 BAY LANDING DR 27180 BAY LANDING DR

SUITE 4 STE 4

BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135

**Current Mailing Address: New Mailing Address:** 

27180 BAY LANDING DR 27180 BAY LANDING DR STE 4

SUITE 4

BONITA SPRINGS, FL 34135

FEI Number: 36-3115345 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STERLING PROPERTY SERVICES LLC STERLING PROPERTY SERVICES 27180 BAY LANDING DR 27180 BAY LANDING DR

STE 4 SUITE 4 BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 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: JOHN O'GORMAN 03/31/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

BARTOLOTTI, BETSY Name:

Address: 25492 COCKLESHELL DR, #101 City-St-Zip: BONITA SPRINGS, FL 34135

Title: DST

Name: JOHNSON, JACOB

Address: 25490 COCKLESHELL DR. #601 City-St-Zip: BONITA SPRINGS, FL 34135

Title: DP

PAGAN, JENNIFER Name:

Address: 25500 COCKLESHELL DR, #506 City-St-Zip: BONITA SPRINGS, FL 34135

Title:

Name: KUEHL, KEVIN

25490 COCKLESHELL DR, #601 Address: City-St-Zip: BONITA SPRINGS, FL 34135

Title:

Name: MELLEIN, JARED

25500 COCKLESHELL DR, #505 Address: City-St-Zip: BONITA SPRINGS, FL 34135

Title:

SCHLOSSER, LAVERNE Name: Address: 25490 COCKLESHELL DR, #605 BONITA SPRINGS, FL 34135 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER PAGAN DP 03/31/2010