## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 753317** 

FILED Mar 31, 2009 Secretary of State

Entity Name: THE VILLAS OF CYPRESS CREEK, INC.

Current Principal Place of Business:			New Principal Place of Business:
	ELAND RD. D, FL 32811	US	
Current N	lailing Addre	ess:	New Mailing Address:
	ELAND RD. D, FL 32811	US	
FEI Number	: 59-2171074	FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agen	t: Name and Address of New Registered Agent:
ORLANDO The above	ELAND ROAD D, FL 32811	US	the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:		
		- i - Oi t t D i - t	J. A. v. v. b.
0551050		onic Signature of Registered	
OFFICER	Electro S AND DIREC	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address:	S AND DIREC	CTORS:  ) Delete THA ND RD.	
Title: Name: Address: City-St-Zip: Title: Name: Address:	P ( IAMAIO, MART 5385 VINELAN ORLANDO, FL	CTORS:  ) Delete THA ND RD. L 32811  ) Delete NI ND ROAD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	P (IAMAIO, MART 5385 VINELAN ORLANDO, FLOUKROP, TOI 5397 VINELAN ORLANDO, FL	CTORS:  ) Delete THA ND RD. L 32811  ) Delete NI ND ROAD L 32811  ) Delete ERESIA ENA DR	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	P (IAMAIO, MARTISTANDO, FLANDO, FLANDO	Delete THA ND RD. L 32811  ) Delete NI ND ROAD L 32811  ) Delete ERESIA ENA DR L 32809  ) Delete AND RD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  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: MARTHA IAMAIO PRES 03/31/2009