2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 753801

Entity Name: CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

108 CYPRESS BLVD. WEST
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

2541 N RESTON TERRACE
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 59-2441506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILLAGES SERVICES COOPERATIVE INC.
2541 N RESTON TERRACE
HERNANDO, FL 34442 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: D ( ) Delete
Name: DECKANT, JOANN
Address: 45 MILBARK DR
City-St-Zip: HOMOSASSA, FL 34446

Title: VD ( ) Delete
Name: ANDERSON, ART
Address: 9 ENGENIA CT W
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete
Name: HUNDS, ARLISS
Address: 5 BLUE BEECH CT
City-St-Zip: HOMOSASSA, FL 34446

Title: PD ( ) Delete
Name: WELLER, GORDON
Address: 43 SEAGRAPE ST
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete
Name: DESO, NANCY
Address: 52 BEECH ST
City-St-Zip: HOMOSASSA, FL 34446

Title: DT ( ) Delete
Name: REEVES, DEREK
Address: 75 BEECH STREET
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: FONTANEZ, JOSE
Address: 10 BALSOM DR
City-St-Zip: HOMOSASSA, FL 34446

Title: VD (X) Change ( ) Addition
Name: JOHNSON, RICHARD
Address: 10 LINDEN CIR
City-St-Zip: HOMOSASSA, FL 34446

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

Title: D (X) Change ( ) Addition
Name: CORNS, RICHARD A
Address: 12 MASTIC CT E
City-St-Zip: HOMOSASSA, FL 34446

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: GORDON WELLER P 04/16/2008

Electronic Signature of Signing Officer or Director — Date