

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753801

FILED
Apr 21, 2009
Secretary of State

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: SD () Delete
Name: FONTANEZ, JOSE
Address: 10 BALSOM DR
City-St-Zip: HOMOSASSA, FL 34446

Title: VD () Delete
Name: JOHNSON, RICHARD
Address: 10 LINDEN CIR
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: CORNS, RICHARD A
Address: 12 MASTIC CT E
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: P (X) Change () Addition
Name: JOHNSON, RICHARD
Address: 10 LINDER CIRCLE
City-St-Zip: HOMOSASSA, FL 34446

Title: T (X) Change () Addition
Name: HADDIGAN, MIKE
Address: 11 SHUMARD CT E
City-St-Zip: HOMOSASSA, FL 34446

Title: VD (X) Change () Addition
Name: BENNETT, BEN
Address: 36 REDBAY CT W
City-St-Zip: HOMOSASSA, FL 34446

Title: SD (X) Change () Addition
Name: JOANN, RYAN
Address: 4 WILD OLIVE CT
City-St-Zip: HOMOSASSA, FL 34446

Title: D (X) Change () Addition
Name: KLEMM, MICHELE
Address: 2 PINE ST
City-St-Zip: HOMOSASSA, FL 34446

Title: D (X) Change () Addition
Name: ISAAC, JERRY
Address: 50 MASTERS DR S
City-St-Zip: HOMOSASSA, FL 34446

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: JOANN RYAN

SD

04/21/2009

Electronic Signature of Signing Officer or Director

Date