2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 19, 2010
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: P
Name: JOHNSON, RICHARD
Address: 10 LINDER CIRCLE
City-St-Zip: HOMOSASSA, FL 34446

Title: T
Name: HADDIGAN, MIKE
Address: 11 SHUMARD CT E
City-St-Zip: HOMOSASSA, FL 34446

Title: VPD
Name: BENNETT, BEN
Address: 1 HEMLOCK CT SOUTH
City-St-Zip: HOMOSASSA, FL 34446

Title: D
Name: BLODGETT, WARREN
Address: 21 ENCLAVE PT SOUTH
City-St-Zip: HOMOSASSA, FL 34446

Title: D
Name: WATSON, DAVID
Address: 19 JUNGLEPLUM CT SOUTH
City-St-Zip: HOMOSASSA, FL 34446

Title: DS
Name: ISAAC, JERRY
Address: 50 MASTERS DR S
City-St-Zip: HOMOSASSA, FL 34446

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: MIKE HADDIGAN T 05/19/2010

Electronic Signature of Signing Officer or Director — Date