2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756078

FILED Mar 13, 2009 Secretary of State

Entity Name: CYPRESS TRAILS PROPERTY OWNERS' ASSOCIATION, INC.

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

ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461

New Mailing Address: Current Mailing Address:

ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US

FEI Number: 59-2060779 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:

ST. JOHN CORE & LEMME, P.A. DICKER, KRIVOK & STOLOFF, P.A. 1601 FORUM PLACE, SUITE 701 1818 AUSTRALIAN AVE SO WEST PALM BEACH, FL 33401 US SUITE 400

WEST PALM BEACH, FL 33401 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: ED DICKER 03/13/2009

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

OFFICERS AND DIRECTORS:

LAKE WORTH, FL 33467

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LAKE WORTH, FL 33467

() Delete (X) Change () Addition WILSON, PATRICK PETUCH, ED S Name: Name: 3848 CYPRESS EDGE DR. Address: 3554 CYPRESS EDGE DR. Address:

City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete Title: (X) Change () Addition WEILAND, RONALD Name: WEILAND, RONALD T Name: Address: 9046 WINDING WOOD DR. Address: 9046 WINDING WOODS DR.

Title: PD() Delete Title: (X) Change () Addition

WILSON, PATRICK P PETUCH, ED Name: Name: 3554 CYPRESS EDGE DR 3848 CYPRESS EDGE DR Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete Title: (X) Change () Addition

Name: HOFFART, BRUCE Name: BRUNNER, LANCE D 9344 SPANISH MOSS RD. E. 3770 MOSS POINT CIR Address: Address: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

SOLOMON, TOM V Name: Name: 3965 CYPRESS EDGE DR Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33467

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: SIMON ABREU, APM **AGT** 03/13/2009