

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758735

FILED
Jan 27, 2009
Secretary of State

Entity Name: CYPRESS RUN GOLF CLUB, INC.

Current Principal Place of Business:

2669 ST. ANDREWS BLVD.
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

2669 ST. ANDREWS BLVD.
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-2121717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILMORE, DAVID C
7620 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653 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: TD () Delete
Name: PRICE, DOUGLAS
Address: 1550 RIDGETOP DR.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: PD () Delete
Name: GODFREY, CHUCK
Address: 2639 ROYAL LIVERPOOL DR.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VD () Delete
Name: HURLEY, JACK W
Address: 4209 EDGEWOOD DR.
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: DELLA PENNA, ROBERT
Address: 16533 HUTCHISON ROAD
City-St-Zip: ODESSA, FL 33556

Title: SD () Delete
Name: GIVENS, WILLIAM
Address: 3963 CAPITOL DR.
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: QUINN, JACKIE
Address: 1045 TRAFALGAR DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: WILLIAM GIVENS

SD

01/27/2009

Electronic Signature of Signing Officer or Director

Date