

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759274

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: CYPRESS POINT VILLAS ASSOCIATION, INC.

## Current Principal Place of Business:

% HAWK-EYE MANAGEMENT  
3901 N FEDERAL HIGHWAY, STE 202  
BOCA RATON, FL 33431

## New Principal Place of Business:

HAWK-EYE MANAGEMENT  
3901 N FEDERAL HIGHWAY, STE 202  
BOCA RATON, FL 33431

## Current Mailing Address:

% HAWK-EYE MANAGEMENT  
3901 N FEDERAL HIGHWAY, STE 202  
BOCA RATON, FL 33431

## New Mailing Address:

HAWK-EYE MANAGEMENT  
3901 N FEDERAL HIGHWAY, STE 202  
BOCA RATON, FL 33431

FEI Number: 59-2164750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATTI, PAUL N.  
%HAWK-EYE MANAGEMENT  
3901 N FEDERAL HIGHWAY, STE 202  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

PATTI, PAUL N.  
HAWK-EYE MANAGEMENT  
3901 N FEDERAL HIGHWAY, STE 202  
BOCA RATON, FL 33431 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:

04/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BLECHMAN, HOWARD  
Address: 20533 LINKSVIEW DRIVE  
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete  
Name: RAPPOPORT, GERALD  
Address: 29547 LINKSVIEW WAY  
City-St-Zip: BOCA RATON, FL 33434

Title: PD ( ) Delete  
Name: BLAU, ARTHUR  
Address: 20555 LINDSVIEW WAY  
City-St-Zip: BOCA RATON, FL 33434

Title: VPD ( ) Delete  
Name: REYER, CORINNE  
Address: 20493 LINKSVIEW WAY  
City-St-Zip: BOCA RATON, FL 33434

Title: TD ( ) Delete  
Name: WOLPOV, ROZ  
Address: 20525 LINKSVIEW DR  
City-St-Zip: BOCA RATON, FL 33434

## 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  
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: ARTHUR BLAU

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date