

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766070

FILED
Feb 19, 2009
Secretary of State

Entity Name: CYPRESSVIEW ONE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 5324
SUN CITY CENTER, FL 335715324 US

New Principal Place of Business:

ATRIUM DRIVE
SUN CITY CENTER, FL 33573 US

Current Mailing Address:

P O BOX 5324
SUN CITY CENTER, FL 335715324 US

New Mailing Address:

FEI Number: 59-2262425 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LINSKY, MARK
1509 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33570 US

Name and Address of New Registered Agent:

LINSKY, DONALD B. & ASSOCIATES, P.A.
1509 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33573 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: DONSLD B. LINSKY

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOUNG, RICHARD
Address: 1704 AURA COURT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD () Delete
Name: MARTHA, FINLEY
Address: 1605 COMFY COURT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: STD () Delete
Name: MOGIL, BERNARD
Address: 1617 COMFY COURT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: DECHEINE, DAVID
Address: 1708 ATRIUM DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: MARCHESE, RUSSELL
Address: 1746 ATRIUM DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: FINLEY, MARTHA
Address: 1605 COMFY COURT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: STD (X) Change () Addition
Name: MOGIL, BERNARD W
Address: 1617 COMFY COURT
City-St-Zip: SUN CITY CENTER, FL 33573

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: BERNARD W. MOGIL

STD

02/19/2009

Electronic Signature of Signing Officer or Director

Date