

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766070

FILED  
Jan 17, 2012  
Secretary of State

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

**Current Principal Place of Business:**

ATRIUM DRIVE  
SUN CITY CENTER, FL 33573 US

**New Principal Place of Business:**

1617 COMFY COURT  
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, DONALD B. & ASSOCIATES, P.A.  
1509 SUN CITY CENTER PLAZA  
SUN CITY CENTER, FL 33573 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: PD  
Name: YOUNG, RICHARD  
Address: 1704 AURA COURT  
City-St-Zip: SUN CITY CENTER, FL 33573

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

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

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

Title: D  
Name: IRVINE, JAMES  
Address: 1608 COMFY COURT  
City-St-Zip: SUN CITY CENTER, FL 33573

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: BERNARD W MOGIL

STD

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date