

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767751

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: CYPRESS TRACE NORTH ASSOCIATION, INC.

## Current Principal Place of Business:

40347 US 19 N  
#229  
TARPON SPRINGS, FL 34689 US

## New Principal Place of Business:

## Current Mailing Address:

40347 US 19 N  
#229  
TARPON SPRINGS, FL 34689 US

## New Mailing Address:

FEI Number: 59-2285962      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RANAULO, JIM  
40347 US 19 N  
#229  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

CITADEL MANAGEMENT  
40347 US 19 N  
#229  
TARPON SPRINGS, FL 34689 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: JIM RANALLO, LCAM

01/31/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: MACDONALD, MONTEQUE  
Address: 1843 LAKE CYPRESS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: WILSON, BILL  
Address: 1706 LAKE CYPRESS DRIVE  
City-St-Zip: SAFETY HARBOR, FL

Title: TD ( ) Delete  
Name: MERTON, CAROL  
Address: 1839 LAKE CYPRESS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Delete  
Name: BONDEAU, CHERYL  
Address: 1853 LAKE CYPRESS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD (X) Delete  
Name: CALVELLO, FRED  
Address: 1853 LAKE CYPRESS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MACDONALD, MONIQUE  
Address: 1843 LAKE CYPRESS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Change ( ) Addition  
Name: HESSON, PATRICIA  
Address: 1730 LAKE CYPRESS DRIVE  
City-St-Zip: SAFETY HARBOR, FL

Title: TD (X) Change ( ) Addition  
Name: MORTON, CAROL  
Address: 1839 LAKE CYPRESS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

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: JIM RANALLO, LCAM

MGR

01/31/2009

Electronic Signature of Signing Officer or Director

Date