

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768376

FILED
Jan 16, 2009
Secretary of State

Entity Name: CYPRESSWOOD GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2253 FIRESTONE PL.
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1796
DUNDEE, FL 33838 US

New Mailing Address:

FEI Number: 59-2953569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZENES, STEPHEN E
2253 FIRESTONE PLACE
WINTER HAVEN,, FL 33884 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: P () Delete
Name: ZENES, STEPHEN E
Address: 2263 FIRESTONE PLACE
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: LEONARD, PHYLLIS
Address: 2222 SAWGRASS COURT
City-St-Zip: WINTER HAVEN, FL 33884

Title: O () Delete
Name: DREW, ROBERT
Address: 2833 WINGFOOT COURT
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: DEANER, FLORRIE
Address: 2235 FIRESTONE PL.
City-St-Zip: WINTER HAVEN, FL 33884

Title: O () Delete
Name: BLAKE, JANICE
Address: 2202 SAWGRASS COURT
City-St-Zip: WINTER HAVEN, FL 33884

Title: V () Delete
Name: MEADE, THOMAS
Address: 2206 SAWGRASS CT.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: COLE, MARK
Address: 2260 FIRESTONE PL.
City-St-Zip: WINTER HAVEN, FL 33884

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: V (X) Change () Addition
Name: LEONARD, PHYLLIS
Address: 2222 SAWGRASS CT.
City-St-Zip: WINTER HAVEN, FL 33884

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: STEPHEN E. ZENES

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date