

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90018 038 ****61.25

DOCUMENT # N00000004362			
1. Entity Name CYPRESS HOLLOW HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.			
Principal Place of Business 2200 CYPRESS HOLLOW COURT SAFETY HARBOR FL 34695		Mailing Address 2519 MCMULLEN BOOTH RD. #510-177 CLEARWATER FL 33761	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent GOBBS, CLINTON 2242 CYPRESS HOLLOW CT. SAFETY HARBOR FL 34695		7. Name and Address of New Registered Agent Name JIM BATTISTONI Street Address (P.O. Box Number is Not Acceptable) 2234 Cypress Hollow Ct City Safety Harbor FL Zip Code 34695	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *James R Battistoni*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBBS, CLINTON 2242 CYPRESS HOLLOW CT. SAFETY HARBOR FL 34695 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATTISTONI, JIM 2234 Cypress Hollow Ct Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SACHS, HOWARD 2224 CYPRESS HOLLOW CT. SAFETY HARBOR FL 34695 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RA VALES, RICH 2230 Cypress Hollow Ct Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FONTANA, ELLEN 2208 CYPRESS HOLLOW CT. SAFETY HARBOR FL 34695 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EATON, KAY 2238 Cypress Hollow Ct Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AZNEER, MARIANNE 2206 CYPRESS HOLLOW CT SAFETY HARBOR FL 34695 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AZNEER, IRA 2206 Cypress Hollow Ct Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Kay Eaton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08

727-412-8466