# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2009**
**Secretary of State**

DOCUMENT# N00000004362

**Entity Name:** CYPRESS HOLLOW HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.

**Current Principal Place of Business:**

2200 CYPRESS HOLLOW COURT
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

2519 MCMULLEN BOOTH RD.
#510-177
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number: 59-3666260** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATTISTONI, JIM
2234 CYPRESS HOLLOW CT
SAFETY HARBOR, FL 34695 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 ( ) Delete
Name: BATTISTONI, JIM
Address: 2234 CYPRESS HOLLOW CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD ( ) Delete
Name: VALES, RICH
Address: 2230 CYPRESS HOLLOW CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD ( ) Delete
Name: EATON, KAY
Address: 2238 CYPRESS HOLLOW CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD ( ) Delete
Name: AZNEER, IRA
Address: 2206 CYPRESS HOLLOW CT
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ( ) 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: KAY L. EATON TD 04/06/2009

Electronic Signature of Signing Officer or Director — Date