2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007949

FILED Apr 28, 2009 Secretary of State

Entity Name: CYPRESS LAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
5955 TG LEE BLVD				6972 LAKE GLORIA BLVD			
300 ORLANDO, FL 32822				ORLANDO), FL 32809		
		nee'		Now Maili	na Addroce:		
Current Mailing Address:				New Mailing Address:			
5955 T G LEE BLVD 300 ORLANDO, FL 32822				6972 LAKE GLORIA BLVD ORLANDO, FL 32809			
FEI Number:	: 65-1133831	FEI Number Applied For ()	FEI Nun	nber Not App	licable ()	Certificate of Status	Desired ()
Name and	Address of	Current Registered Agent:		Name and	Address of N	lew Registered Ag	jent:
LELAND MANAGEMENT INC. 5955 T G LEE BLVD 300 ORLANDO, FL 32822 US				LELAND MANAGEMENT INC. 6972 LAKE GLORIA BLVD ORLANDO, FL 328093200 US			
	named entity of Florida	submits this statement for the p	urpose o	f changing i	ts registered o	ffice or registered a	gent, or both,
SIGNATUF	RE: REBEC	CA FURLOW				04/28/2009	
	Electro	onic Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	MOORE, CHE	ROVE HILL COURT		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	ANTHONY, FO	OND GRAND AVE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PROKOPOWI	DES COVE DRIVE		Title: Name: Address: City-St-Zip:	PROKOPOWIC	ES COVE DRIVE	
Title: Name: Address: City-St-Zip:	TD (GUTIERREZ, 2120 DARLIN ORLANDO, FI	CIRCLE		Title: Name: Address: City-St-Zip:	D (X) NELSON, MARI 1856 HAMMOC ORLANDO, FL	K MOSS DR	
Title: Name: Address: City-St-Zip:	BRINDLEY, JI	DES COVE DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	NELSON, MAI	CK MOSS DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
City-St-Zip:	ORLANDO, FI	L 32820 US		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: REBECCA FURLOW AGNT 04/28/2009