2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00091

FILED Mar 29, 2009 Secretary of State

Entity Name: VILLAS AT CYPRESS RUN - WEST OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 600 EAST TARPON AVENUE TARPON SPRINGS, FL 34689 US **Current Mailing Address: New Mailing Address:** 600 EAST TARPON AVENUE TARPON SPRINGS, FL 34689 US FEI Number: 59-2344333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHETZEL, TERRI B 600 EAST TARPON AVENUE 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition YOUNG, VERN Name: Name: 942 GULLANE DRIVE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 US City-St-Zip: Title: PD () Delete Title: VPD (X) Change () Addition GODFREY, CHARLES P Name: GODFREY, CHARLES P Name: Address: 2639 ROYAL LIVERPOOL DR Address: 2639 ROYAL LIVERPOOL DR City-St-Zip: TARPON SPRINGS, FL 34688 US City-St-Zip: TARPON SPRINGS, FL 34688 US Title: VPD () Delete Title: () Change () Addition BEASLEY, WALTER C Name: Name: Address: 2575 ROYAL LIVERPOOL DRIVE Address: City-St-Zip: TARPON SPRINGS, FL 34688 US City-St-Zip: () Delete Title: SD Title: () Change () Addition Name: VAN SCHENCK, VICKY R Name: Address: 2602 ROYAL LIVERPOOL DR Address: City-St-Zip: TARPON SPRINGS, FL 34688 US City-St-Zip: VPD Title: () Delete Title: PΠ (X) Change () Addition Name: MITCHELL, WAYNE F Name: MITCHELL, WAYNE F 2585 ROYAL LIVERPOOL DRIVE 2585 ROYAL LIVERPOOL DRIVE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 US City-St-Zip: TARPON SPRINGS, FL 34688 US

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: WAYNE F. MITCHELL PD 03/29/2009