2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001326

FILED Apr 13, 2009 Secretary of State

Entity Name: CYPRESS LOOP VILLAGE OF HERITAGE SPRINGS, INC.

Current Principal Place of Business: New Principal Place of Business:

40347 US 19 NORTH SUITE #201 TARPON SPRINGS, FL 34689

Current Mailing Address: New Mailing Address:

P.O.BOX 695 40347 US 19 NORTH TARPON SPRINGS, FL 34689 SUITE #201

TARPON SPRINGS, FL 34689

FEI Number: 59-3741544 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:

I & J PROPERTY MANAGEMENT, INC 40347 US 19 NORTH, SUITE #201 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:

(X) Change () Addition () Delete LUCKENBACK, RICHARD Name: 1025 SWEET JASMINE DRIVE Address: City-St-Zip: City-St-Zip: TRINITY, FL 34655 US Title: Title: (X) Change () Addition () Delete PINER, ANITA Name: Address: 1033 SWEET JASMINE DRIVE City-St-Zip: City-St-Zip: TRINITY, FL 34655 US Title: PD () Delete Title: (X) Change () Addition PERRY, NANCEY FINLAY, BERNARD Name: Name: 1009 SWEET JADMINE DR 1106 SWEET JASMINE DR Address: Address: City-St-Zip: TRINITY, FL 34655 City-St-Zip: TRINITY, FL 34655 US Title: VPD () Delete Title: BM (X) Change () Addition Name: BYRNES, OWEN Name: EMERSON, RAY 11605 WEAVER PARK CT 1005 SWEET JASMINE DRIVE Address: Address: TRINITY, FL 34655 US City-St-Zip: TRINITY, FL 34655 City-St-Zip: Title: () Delete Title: (X) Change () Addition FINLAY, BERNARD BYRNES, OWEN Name: Name: 1106 SWEET JASMINE DR 11605 WEAVER PARK CT Address: Address: City-St-Zip: TRINTY, FL 34655 City-St-Zip: TRINTY, FL 34655 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: ROBERT LUCKENBACK PRES 04/13/2009