

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006849

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** CYPRESS TURN CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

600 EAST TARPON AVENUE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

600 EAST TARPON AVENUE  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 59-3752871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHETZEL, TERRI B  
600 EAST TARPON AVENUE  
TARPON SPRINGS, FL 34689 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  
Name: KAHRS, CAROLYN J  
Address: 2625 KEYSTONE ROAD A-1  
City-St-Zip: PALM HARBOR, FL 34688

Title: SD  
Name: BOONE, MARIANNE  
Address: 2625 KEYSTONE ROAD A-3  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD  
Name: HORN, DONALD J  
Address: 2625 KEYSTONE ROAD C-1  
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby 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 all other like empowered.

**SIGNATURE:** CAROLYN J. KAHRS

PD

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date