2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N02000003191

Entity Name: CYPRESS BAY ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

1319 SE 3RD AVENUE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 668367
POMPANO BEACH, FL 33066

New Mailing Address:

FEI Number: 90-0176238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DRIVE
SUITE #210
PLANTATION, FL 33324 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: SD ( ) Delete
Name: DELVALLE, STACY
Address: 1337 S.E. 3RD AVE.
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD ( ) Delete
Name: PEMBERTON, JEANNE
Address: 1323 S.E. 3RD AVE.
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD ( ) Delete
Name: GRUCHACZ, CHRISTOPHER
Address: 1329 S.E. 3RD AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: PD ( ) Delete
Name: BOND, LAUREN
Address: 1321 S.E. 3RD AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: BRESIN, MARCI
Address: 1363S.E. 3RD AVE.
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: DURHAM, BARNIE
Address: 1331 S.E. 3RD AVE.
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD (X) Change ( ) Addition
Name: FARR, WILLIAM
Address: 1341 S.E. 3RD AVE.
City-St-Zip: POMPANO BEACH, FL 33060

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SCHARF, DAVE
Address: 1367 S.E. 3RD AVE.
City-St-Zip: POMPANO BEACH, FL 33060

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: LAUREN BOND PD 02/16/2009

Electronic Signature of Signing Officer or Director — Date