2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004277

FILED Apr 23, 2009 Secretary of State

Entity Name: CYPRESS GLEN VILLAGE CONDOMINIUM ASSOCIATION, INC.

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

6312 TRAIL BLVD C/O RESORT MANAGEMENT NAPLES, FL 34108 C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215

NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

P.O. BOX 770278 C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215

NAPLES, FL 34104

FEI Number: 01-0715609 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:

LIVELY, DENNIS F

6312 TRAIL BLVD

NAPLES, FL 34108

US

OSBURN, CARL

3299 MEGAN LANE #5

NAPLES, FL 34109

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: CARL OSBURN 04/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D () Delete Title: P (X) Change () Addition

 Name:
 JUNKROSKI, MICHAEL
 Name:
 PICICCI, WILLIAM

 Address:
 3280 LINDSEY LANE #6
 Address:
 3264 AMANDA LANE #1

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34109

 Name:
 MULLER, RICHARD
 Name:
 MULLER, RICHARD

 Address:
 3298 MEGAN LANE #5
 Address:
 3298 MEGAN LANE #5

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34109

 $\label{eq:title:P} {\sf Title:} \qquad {\sf P} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf T} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 OSBURN, CARL
 Name:
 OSBURN, CARL

 Address:
 3299 MEGAN LN #5
 Address:
 3299 MEGAN LN #5

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34109

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: CARL OSBURN T 04/23/2009