

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 28, 2009**  
**Secretary of State**

DOCUMENT# N02000004277

**Entity Name:** CYPRESS GLEN VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104**New Principal Place of Business:**3701 NORTH TAMiami TRAIL  
NAPLES, FL 34103**Current Mailing Address:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104**New Mailing Address:**3701 NORTH TAMiami TRAIL  
NAPLES, FL 34103**FEI Number:** 01-0715609**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**OSBURN, CARL  
3299 MEGAN LANE #5  
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**COMPASS GROUP  
3701 NORTH TAMiami TRAIL  
NAPLES, FL 34103 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: COMPASS GROUP

09/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** PICICCI, WILLIAM  
**Address:** 3264 AMANDA LANE #1  
**City-St-Zip:** NAPLES, FL 34109**Title:** VP ( ) Delete  
**Name:** MULLER, RICHARD  
**Address:** 3298 MEGAN LANE #5  
**City-St-Zip:** NAPLES, FL 34109**Title:** T ( ) Delete  
**Name:** OSBURN, CARL  
**Address:** 3299 MEGAN LN #5  
**City-St-Zip:** NAPLES, FL 34109**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: COMPASS GROUP

MGR

09/28/2009

Electronic Signature of Signing Officer or Director

Date