2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004317

FILED Mar 29, 2009 Secretary of State

Entity Name: CYPRESS PARK OF TARPON SPRINGS LOT OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 600 EAST TARPON AVENUE TARPON SPRINGS, FL 34689 US **Current Mailing Address: New Mailing Address:** 600 EAST TARPON AVENUE TARPON SPRINGS, FL 34689 US FEI Number: 45-0499525 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: WHETZEL, TERRI B 600 EAST TARPON AVENUE 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: () Delete () Change () Addition ECKERT, MELANIE A Name: Name: 708 CYPRESS PARK AVENUE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 US City-St-Zip: Title: VD Title: VD (X) Change () Addition () Delete BEAUSOLEIL, MAURICE J Name: FELICETTA, FRANK Name: Address: 1800 SEA OATS STREET Address: 720 SANDY HILLS AVENUE City-St-Zip: TARPON SPRINGS, FL 34689 US City-St-Zip: TARPON SPRINGS, FL 34689 US Title: () Delete Title: () Change () Addition KLIPPEL, GEORGE W Name: Name: Address: 618 CYPRESS PARK AVENUE Address: City-St-Zip: TARPON SPRINGS, FL 34689 US City-St-Zip: Title: TD () Delete Title: () Change () Addition CHAVEZ, JULIANNE M Name: Name: Address: 725 SANDY HILLS AVENUE Address: City-St-Zip: TARPON SPRINGS, FL 34689 US City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition BRUECKNER, JAMES TRUZA, PETER E Name: Name: 716 CYPRESS PARK AVENUE 1817 SEA OATS STREET Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 US City-St-Zip: TARPON SPRINGS, FL 34689 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: MELANIE A. ECKERT PD 03/29/2009