

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008686

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** CYPRESS KNOLL PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 59-3762477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, JAMES W JR.  
C/O SENTRY MANAGEMENT, INC.  
2180 WEST SR 434 - SUITE 5000  
LONGWOOD, FL 327795044 US

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 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: JAMES W HART JR

04/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: TIPTON, MICHELE  
Address: 3684 TAMPA RD, STE. 6  
City-St-Zip: OLDSMAR, FL 34677

Title: VD ( ) Delete  
Name: KANE, DOUGLAS  
Address: 3684 TAMPA RD. STE. 6  
City-St-Zip: OLDSMAR, FL 34677

Title: PD ( ) Delete  
Name: BRANNON, PATRICK  
Address: 3684 TAMPA RD, STE 6  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KANE, DOUG  
Address: 2304 MESSENGER CIR  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD (X) Change ( ) Addition  
Name: GOLDSMITH, DAWN  
Address: 2309 MESSENGER CIR  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TSD (X) Change ( ) Addition  
Name: STEFFANETTA, SHARON  
Address: 2310 MESSENGER CIR  
City-St-Zip: SAFETY HARBOR, FL 34695

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: DOUG KANE

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date