2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N02173

Entity Name: CYPRESS PARK OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

9623 CYPRESS PARK WAY
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

C/O CAS PROPERTY MGMT
1901 S. CONGRESS AVE, STE. 480
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 59-2457190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C.A.S. REALTY MGMT, LLC
1901 S. CONGRESS AVE, STE.480
BOYNTON BEACH, FL 33426 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:	TD	( ) Delete
Name:	FRANK, FRANKLIN	
Address:	3401 S. OCEAN BLVD.	
City-St-Zip:	HIGHLAND, FL 33487	
Title:	D	( ) Delete
Name:	FRANK, KENNY	
Address:	525B BROADWAY MALL	
City-St-Zip:	HICKSVILLE, NY 11801	
Title:	D	( ) Delete
Name:	FRANK, GLENN	
Address:	525B BROADWAY MALL	
City-St-Zip:	HICKSVILLE, NY 11801	
Title:	D	( ) Delete
Name:	WETHERBEE, DOUGLAS	
Address:	9627 CYPRESS PARKWAY	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	P	( ) Delete
Name:	CAGGIANO, DOROTHY	
Address:	9529 CYPRESS PARKWAY	
City-St-Zip:	BOYNTON BEACH, FL 33437	

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:	
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: DOROTHY CAGGIANO P 04/23/2009

Electronic Signature of Signing Officer or Director — Date