

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006200

FILED
Apr 28, 2009
Secretary of State

Entity Name: CYPRESS RIDGE EAST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

115 EAST NEW HAVEN AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

ATTN: RICK WAGNER, SECRETARY
115 EAST NEW HAVEN AVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 54-2136060 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WAGNER, RICK
115 EAST NEW HAVEN AVE
MELBOURNE, FL 32901 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: DP () Delete
Name: WAGNER, RICK
Address: 1451 ANGLERS DR NE
City-St-Zip: PALM BAY, FL 32905

Title: DVP () Delete
Name: FOLEY, DONALD
Address: 200 STRAWBERRY LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DS () Delete
Name: WAGNER, FRAN
Address: 1451 ANGLERS DR NE
City-St-Zip: PALM BAY, FL 32951

Title: DT () Delete
Name: FOLEY, STRAWBERRI
Address: 200 STRAWBERRI LN
City-St-Zip: MELBOURNE BEACH, FL 32957

Title: D () Delete
Name: CAMERON, GARY
Address: 322 DANDURAND ST
City-St-Zip: PALM BAY, FL 32908

Title: D () Delete
Name: FREEMAN, FRED
Address: 2369 BROOKSIDE DR
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: FOLEY, DONALD
Address: 3851 ATLANTIC RIDGE LANE
City-St-Zip: GRANT, FL 32949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: FOLEY, STRAWBERRI
Address: 3851 ATLANTIC RIDGE LANE
City-St-Zip: GRANT, FL 32949

Title: D (X) Change () Addition
Name: CAMERON, GARY
Address: 3890 ATLANTIC RIDGE LANE
City-St-Zip: GRANT, FL 32949

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: STRAWBERRI FOLEY

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04/28/2009

Electronic Signature of Signing Officer or Director

Date