

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03058

FILED
Mar 27, 2009
Secretary of State

Entity Name: CYPRESS POINTE COMMUNITY ASSOCIATION, INC

Current Principal Place of Business:

1731 NW 6 ST
SUITE A
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14506
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 59-2588166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUR, WESTON
ED BAUR MGMT., INC
1731 NW 6TH STREET STE A
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

ED BAUR MANAGEMENT, INC.
1731 NW 6TH STREET
STE A
GAINESVILLE, FL 32609 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: HAL WHITTET

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SEGARRO, JAUN
Address: 5528 SW 4TH PL
City-St-Zip: GAINESVILLE, FL 32607

Title: P () Delete
Name: FAKHRAEE, FARBOD
Address: 5433 SW 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Delete
Name: DAVIS, MARCY
Address: 5425 SW 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: VP (X) Delete
Name: IRIZARRY, NELSON
Address: PO BOX 357162
City-St-Zip: GAINESVILLE, FL 32635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FAKHRAEE, FARBOD
Address: 5422 SW 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: VP (X) Change () Addition
Name: IRIZARRY, NELSON
Address: PO BOX 357162
City-St-Zip: GAINESVILLE, FL 32635

Title: S/T (X) Change () Addition
Name: DAVIS, MARCY
Address: 5425 SW 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

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: FAKHRAEE

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date