2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N03809

Entity Name: CYPRESS LAKE ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE #203
NORTH FORT MYERS, FL 33903 US

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P.O. BOX 1848
FORT MYERS, FL 33902 US

FEI Number: 59-2891806 **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 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
#203
NORTH FORT MYERS, FL 33903 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: LEE J. VAN TILBURG 04/18/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: CAZALY, GRAHAM
Address: 13403 FOX CHAPEL CT
City-St-Zip: FORT MYERS, FL 33919

Title: SD ( ) Delete
Name: ESTABROOK, LAURA
Address: 13262 BROADHURST LP
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: PALKO, EMERY J
Address: 13393 BROADHURST LOOP
City-St-Zip: FORT MYERS, FL 33919

Title: PD ( ) Delete
Name: SUDOL, SUSAN
Address: 8380 SOUTH HAVEN LN
City-St-Zip: FORT MYERS, FL 33919

Title: TD ( ) Delete
Name: BUFFUM, SHAWN
Address: 13393 FOX CHAPEL CT
City-St-Zip: FORT MYERS, FL 33919

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: SUSAN SUDOL PD 04/18/2008
Electronic Signature of Signing Officer or Director Date