

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03809

FILED
Jan 26, 2010
Secretary of State

Entity Name: CYPRESS LAKE ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2891806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: VD
Name: BUFFUM, SHAWN
Address: 13393 FOX CHAPET CT
City-St-Zip: FORT MYERS, FL 33919

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

Title: D
Name: KOLLATH, TERESA
Address: 13251 BROADHURST LOOP
City-St-Zip: FORT MYERS, FL 33919

Title: PD
Name: SUDOLL, SUSAN
Address: 8380 SOUTH HAVEN LN
City-St-Zip: FORT MYERS, FL 33919

Title: TD
Name: DEMING, DEBRA
Address: 13215 BROADHURST LP
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: SUSAN SUDOLL

PD

01/26/2010

Electronic Signature of Signing Officer or Director

_____ Date