

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003965

FILED
Mar 19, 2009
Secretary of State

Entity Name: CYPRESS LANDING ASSOCIATION, INC.

Current Principal Place of Business:

10036 LONE CYPRESS STREET
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1172293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
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: CHAD VAN TILBURG

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BABB, CAROLYN
Address: 10088 PACIFIC PINES AVE
City-St-Zip: FORT MYERS, FL 33966

Title: STD () Delete
Name: SINTEFF, WILLIAM
Address: 8173 PACIFIC BEACH DRIVE
City-St-Zip: FORT MYERS, FL 33966

Title: D () Delete
Name: BENSON, ERIK
Address: 10040 PACIFIC PINES AVE
City-St-Zip: FORT MYERS, FL 33966

Title: VD () Delete
Name: HYMES, RICHARD
Address: 10086 SPYGLASS HILL LANE
City-St-Zip: FORT MYERS, FL 33966

Title: D () Delete
Name: SPOTTS, HARRY
Address: 10043 LONE CYPRESS STREET
City-St-Zip: FORT MYERS, FL 33966

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: D (X) Change () Addition
Name: BARENZ, DENNIS
Address: 10078 SPYGLASS HILL LN
City-St-Zip: FORT MYERS, FL 33966

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: CAROLYN BABB

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date