

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005382

FILED
Feb 17, 2009
Secretary of State

Entity Name: CYPRESS CREEK PHASE TWO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3908 GARDENWOOD CIR
GRANT, FL 32949 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100130
PALM BAY, FL 329100130 US

New Mailing Address:

FEI Number: 20-2226296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIBODEAUT, MARIE
C/O BAYSIDE MANAGEMENT SERVICES
3908 GARDENWOOD CIR
GRANT-VALKARIA, FL 32949 US

Name and Address of New Registered Agent:

THIBODEAUX, MARIE
C/O BAYSIDE MANAGEMENT SERVICES
3908 GARDENWOOD CIR
GRANT-VALKARIA, FL 32949 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: SARA BERNIN

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HEIDT, PETER
Address: 4029 GARDENWOOD CIR
City-St-Zip: GRANT-VALKARIA, FL 32949 US

Title: DVP () Delete
Name: COATES, GORDON
Address: 4029 GARDENWOOD CIR
City-St-Zip: GRANT-VALKARIA, FL 32949 US

Title: DST () Delete
Name: BOLVIS, MURRAY
Address: 3918 GARDENWOOD CIR
City-St-Zip: GRANT-VALKARIA, FL 32949 US

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:

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: PETER HEIDT

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date