## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000012482

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Entity Name: CYPRESS COVE AT SUNTREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7667 NORTH WICKHAM ROAD OFFICE MELBOURNE, FL 32940 US

Current Mailing Address: New Mailing Address:

396 ALHAMBRA CIRCLE 8200 NW 33 STREET #230 SUITE 300 CORAL GABLES, FL 33134 DORAL, FL 33122

FEI Number: 20-4982113 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERNANDEZ-VALLE, MARIA ESQ
2301 N.W. 87TH AVENUE
CENTURY TOWER, SUITE 501
DORAL, FL 33178 US
GOEDE, JOHN C ESQ
9915 TAMIAMI TRAIL NORTH
SUITE. #1
NAPLES, FL 34108 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: JOHN C. GOEDE, ESQ. 08/25/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/S () Delete Title: () Change () Addition

 Name:
 CABRERIZO, TOM
 Name:

 Address:
 3850 BIRD ROAD, SUITE 800
 Address:

 City-St-Zip:
 MIAMI, FL 33146 US
 City-St-Zip:

Title: PRES ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KNIGHT, M. DOUGLAS
 Name:

 Address:
 7667 N. WICKHAM ROAD, OFFICE
 Address:

 City-St-Zip:
 MELBOURNE, FL 32940 US
 City-St-Zip:

Title: TRES ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FUENTES, IVAN
 Name:

 Address:
 3850 BIRD ROAD, SUITE 800
 Address:

 City-St-Zip:
 MIAMI, FL 33146 US
 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: JASON E. STAHL MNGR 08/25/2009