## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05419

FILED Jan 08, 2009 Secretary of State

Entity Name: CYPRESS LAKES HOMEOWNERS ASSOCIATION 8, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	VINCI CIRCLE BCH., FL 334							
Current N	Mailing Addre	ess:		New Maili	ng Address	:		
	VINCI CIRCLE BCH., FL 334							
FEI Number	r: 65-0018331	FEI Num	ber Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired	( )	
Name and	d Address of	Current R	egistered Agent:	Name and	Address of	New Registered Agent:		
	RUTH VINCI CIRCLE ALM BEACH, F		US					
	e named entity te of Florida.	submits th	nis statement for the pu	rpose of changing it	ts registered	office or registered agent, o	r both,	
SIGNATU	IRE:							
	Electro	nic Signati	ure of Registered Ager	nt		Date		
OFFICER	S AND DIREC	CTORS:		ADDITION	S/CHANGE	S TO OFFICERS AND DIRI	ECTORS	
Title: Name: Address: City-St-Zip:	DREISS, RUT 3758 DA VINC	CIRLOE	33417	Title: Name: Address: City-St-Zip:	(	( ) Change( ) Addition		
Title: Name: Address: City-St-Zip:	SD ( POMERANTZ, 3770 DAVINC WEST PALM	CIRCLE	33417	Title: Name: Address: City-St-Zip:	(	( ) Change( ) Addition		
Title: Name: Address: City-St-Zip:	PD ( MARINUZZI, L 3798 ROWEN WEST PALM	A CIRCLE	33417	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD ( PLATTI, WILL 3794 DAVINC WEST PALM	CIRCLE	33417	Title: Name: Address: City-St-Zip:	MANHEIMER 3806 DAVING			
Title: Name: Address: City-St-Zip:	WEBER, SYL 3826 ROWEN	A CIRCLE		Title: Name: Address: City-St-Zip:	(	( ) Change( ) Addition		
Title: Name: Address:	D ( MANHEIMER, 3806 DA VINO			Title: Name: Address:	D ( GUGLIELMO, 3818 ROWEN			

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: RUTH DREISS TD 01/08/2009