2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000004726

FILED Jul 22, 2009 Secretary of State

Entity Name: VILLAS AT CYPRESS SPRINGS HOMEOWNERS' ASSOCIATION, INC.

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

6972 LAKE GLORIA BLVD ORLANDO, FL 32809 US

Current Mailing Address: New Mailing Address:

6972 LAKE GLORIA BLVD ORLANDO, FL 32809

FEI Number: 20-5399291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LELAND MANAGEMENT, INC 6972 LAKE GLORIA BLVD ORLANDO, FL 32809

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

REINERT, JAMES EVASIUS, JOHN Name: Name:

2966 COMMERCE PARK DR. STE 100 Address: 55 NE 5TH AVENUE, 2ND FLOOR Address:

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: DELRAY BEACH, FL 33483

Title: VD () Delete Title: VD (X) Change () Addition

Name: MORSE, CINDY Name: BRYAN, CHIP

Address: 2966 COMMERCE PARK DR. STE 100 Address: 55 NE 5TH AVENUE, 2ND FLOOR City-St-Zip: ORLANDO, FL 32819 City-St-Zip: DELRAY BEACH, FL 33483

Title: STD () Delete Title: (X) Change () Addition

JOHNSON, MICHAEL Name: GINSBERG, JONATHAN Name: 2966 COMMERCE PARK DR. STE 100 55 NE 5TH AVENUE, 2ND FLOOR Address: Address:

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: DELRAY BEACH, FL 33483

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: JOHN EVASIUS PD 07/22/2009