

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06388

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** CYPRESS WILLOWS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4218 N RIVERSIDE DR  
TAMPA, FL 336033312 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 7692  
TAMPA, FL 336737692 US

**New Mailing Address:**

**FEI Number:** 59-2651948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOSAN, RICHARD R ESQ  
112 W WINDHURST RD  
BRANDON, FL 33510 US

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

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:**

Title: P ( ) Delete  
Name: KEHOE, MARY K  
Address: 4001 CYPRESS WILLOW CT  
City-St-Zip: TAMPA, FL 33614

Title: S ( ) Delete  
Name: BELISARIO, MARTINEZ  
Address: 4002 CYPRESS WILLOW CT  
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete  
Name: SWANSON, TERI  
Address: 4012 CYPRESS WILLOW CT  
City-St-Zip: TAMPA, FL 33614

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

Title: S (X) Change ( ) Addition  
Name: HAZELL, BRENDA  
Address: 4018 CYPRESS WILLOW CT  
City-St-Zip: TAMPA, FL 33614

Title: P (X) Change ( ) Addition  
Name: BELISARIO, MARTINEZ  
Address: 4002 CYPRESS WILLOW CT  
City-St-Zip: TAMPA, FL 33614

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: BELISARIO MARTINEZ

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date