

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002926

FILED
Apr 24, 2008
Secretary of State

Entity Name: CYPRESS STREET CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 N. JOHN YOUNG PARKWAY, #D
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

100 N. JOHN YOUNG PARKWAY, #D
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-8825234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TATTOLI, MICHAEL
100 N. JOHN YOUNG PARKWAY, #D
KISSIMMEE, FL 34741 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: DPT () Delete
Name: TATTOLI, MICHAEL
Address: 100 N. JOHN YOUNG PARKWAY, #D
City-St-Zip: KISSIMMEE, FL 34741

Title: DV () Delete
Name: TATTOLI, JULIA S.
Address: 100 N. JOHN YOUNG PARKWAY, #D
City-St-Zip: KISSIMMEE, FL 34741

Title: DS () Delete
Name: HENDREN, ANNEMARIE T.
Address: 100 N. JOHN YOUNG PARKWAY, #D
City-St-Zip: KISSIMMEE, FL 34741

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: MICHAEL TATTOLI

DPT

04/24/2008

Electronic Signature of Signing Officer or Director

Date