

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07354

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** THE ASSOCIATION OF CYPRESS GARDENS MOBILE HOME PARK HOMEOWNERS, INC.

**Current Principal Place of Business:**

35 CHIVE STREET  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

**Current Mailing Address:**

35 CHIVE STREET  
WINTER HAVEN, FL 33884 US

**New Mailing Address:**

**FEI Number:** 59-2521597      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

THE RINALDO LAW FIRM, PA  
1102 S FLORIDA AVE  
LAKELAND, FL 33803 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: TREA  
Name: MAMMOLENTI, SHIRLEY  
Address: 35 CHIVE STREET  
City-St-Zip: WINTER HAVEN, FL 33884

Title: SEC  
Name: LA RUE, SHARLEEN  
Address: 20 BECK STREET  
City-St-Zip: WINTER HAVEN, FL 33884

Title: PRES  
Name: PATTON, BUD  
Address: 82 CANAL STREET  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY K. MAMMOLENTI

TREA

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date