

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001480

FILED
Apr 29, 2009
Secretary of State

Entity Name: CYPRESS GREEN OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9857 OLD ST. AUGUSTINE ROAD SUITE 5
JACKSONVILLE, FL 32257

New Principal Place of Business:

9857 OLD ST. AUGUSTINE ROAD
SUITE 5
JACKSONVILLE, FL 32257

Current Mailing Address:

9857 OLD ST. AUGUSTINE ROAD SUITE 5
JACKSONVILLE, FL 32257

New Mailing Address:

9857 OLD ST. AUGUSTINE ROAD
SUITE 5
JACKSONVILLE, FL 32257

FEI Number: 26-4635690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EL HASSAN, MARC M
9857 OLD ST. AUGUSTINE ROAD SUITE 5
JACKSONVILLE, FL 32257 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: D () Delete
Name: EL HASSAN, MARC M
Address: 9857 OLD ST. AUGUSTINE ROAD SUITE 5
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: O'LEARY, DEREK D
Address: 9857 OLD ST. AUGUSTINE ROAD SUITE 5
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: HASSAN, ANDREW M
Address: 9857 OLD ST. AUGUSTINE ROAD SUITE 5
City-St-Zip: JACKSONVILLE, FL 32257

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: MARC MAJED EL HASSAN

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date