

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08787

FILED
Mar 16, 2009
Secretary of State

Entity Name: CYPRESS CREEK MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1681
LEESBURG, FL 34748

New Principal Place of Business:

28944 HUBBARD ST.
LEESBURG, FL 34748

Current Mailing Address:

P.O. BOX 1681
LEESBURG, FL 34748

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLING, LEE JAY
682 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701 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: ELD, JERRY
Address: 28944 HUBBARD ST #102
City-St-Zip: LEESBURG, FL 34748

Title: V () Delete
Name: ANDERSON, SKIP
Address: 28944 HUBBARD ST #98
City-St-Zip: LEESBURG, FL 34748

Title: SD () Delete
Name: ST AMAND, ANITA
Address: 28944 HUBBARD ST #20
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: WIGGINS, ROBERT
Address: 28944 HUBBARD ST #33
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: GILLEN, BOB
Address: 28944 HUBBARD ST., #31
City-St-Zip: LEESBURG, FL 34748

Title: TD () Delete
Name: MOORHEAD, DOROTHY
Address: 28944 HUBBARD ST #30
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ALDER, DIANE
Address: 28944 HUBBARD ST #105
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Change () Addition
Name: BRIGHTMAN, ELEANOR
Address: 28944 HUBBARD ST #124
City-St-Zip: LEESBURG, FL 34748

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: DOROTHY M. MOORHEAD

TD

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date