

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09618

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** THE HOMEOWNER'S ASSOCIATION OF CYPRESS COVE, INC.

**Current Principal Place of Business:**

P.O. BOX 933  
LUTZ, FL 33548

**New Principal Place of Business:**

21625 NESTING CT  
LUTZ, FL 33549

**Current Mailing Address:**

P.O. BOX 933  
LUTZ, FL 33548

**New Mailing Address:**

PO BOX 933  
LUTZ, FL 33548

**FEI Number:** 59-2936085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIRKPATRICK, MELISSA  
21631 TEAL COURT  
LUTZ, FL 33549 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: HILGER, CHARLES  
Address: 1727 OSPREY LANE  
City-St-Zip: LUTZ, FL 33549

Title: TS ( ) Delete  
Name: KIRKPATRICK, MELISSA  
Address: 21631 TEAL CT  
City-St-Zip: LUTZ, FL 33549

Title: V ( ) Delete  
Name: BELL, CHARLES  
Address: 21625 NESTING CT  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: GLASS, GEORGE J  
Address: 1744 OSPREY LN  
City-St-Zip: LUTZ, FL 33549

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

Title: P (X) Change ( ) Addition  
Name: BELL, CHARLES  
Address: 21625 NESTING CT  
City-St-Zip: LUTZ, FL 33549

Title: T (X) Change ( ) Addition  
Name: MINNICK, CARL  
Address: 21509 BUTTONBUSH DR  
City-St-Zip: LUTZ, FL 33549

Title: V (X) Change ( ) Addition  
Name: GONZALES, BEVERLY  
Address: 1539 OSPREY LN  
City-St-Zip: LUTZ, FL 33549

Title: S (X) Change ( ) Addition  
Name: JAMES, BOATMAN  
Address: 21501 BUTTONBUSH DR  
City-St-Zip: LUTZ, FL 33549

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: CHARLES BELL

P

02/13/2009

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

\_\_\_\_\_  
Date