

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10691

FILED
Apr 05, 2009
Secretary of State

Entity Name: GREAT CYPRESS VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16816 CAMILLE STREET
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

16816 CAMILLE ST
HUDSON, FL 34667 US

New Mailing Address:

16816 CAMILLE STREET
HUDSON, FL 34667

FEI Number: 59-2571518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEYTON, DONALD R ESQ
7317 LITTLE RD
NEW PORT RICHEY, FL 34654 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: JOHNSON, MARY F
Address: 16820 CAMILLE ST.
City-St-Zip: HUDSON, FL 34667

Title: VP () Delete
Name: WILLIAM, VOGT
Address: 10404 MARINETTE
City-St-Zip: HUDSON, FL 34667

Title: S () Delete
Name: MORGAN, KATHLEEN
Address: 16825 CAMILLE ST.
City-St-Zip: HUDSON, FL 34667

Title: T () Delete
Name: BARRETT, RICHARD
Address: 10230 DEKOSTER AVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: HURST, HARY
Address: 10313 DEKOSTER AVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: CASTIGLLA, JOHN
Address: 10407 D KOSTER AVE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SYKES, FRANK
Address: 10325 MARINETTE
City-St-Zip: HUDSON, FL 34667

Title: VP (X) Change () Addition
Name: BREDLAU, PAUL
Address: 10309 ANDRE BLVD
City-St-Zip: HUDSON, FL 34667

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

Title: T (X) Change () Addition
Name: NOACK, MARY
Address: 16803 OLIVAUD ST
City-St-Zip: HUDSON, FL 34667

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: MARY NOACK

TREA

04/05/2009

Electronic Signature of Signing Officer or Director

Date