

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11041

FILED
Feb 13, 2009
Secretary of State

Entity Name: CYPRESS M MASTER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

541 S. STATE RD. 7,
#12
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

541 S. STATE RD. 7,
#12
MARGATE, FL 33068

New Mailing Address:

FEI Number: 59-2603597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ROBERT C ESQ
MARTIN & BENNIS, PA
319 SE 14TH ST
FORT LAUDERDALE, FL 33316 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: S () Delete
Name: DEL VALLE, ROSE
Address: 1662 CYPRESS POINTE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: PTD () Delete
Name: PULECIO, MIGUEL
Address: 1603 CYPRESS POINTE DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPSD () Delete
Name: FLETCHER, EVERN
Address: 1637 CYPRESS POINTE DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete
Name: DEL VALLE, ROSE
Address: 1662 CYPRESS POINTE DR
City-St-Zip: CORAL SPRINGS, FL 33071

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:

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: CJ CANFIELD

AGEN

02/13/2009

Electronic Signature of Signing Officer or Director

Date