

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12063

FILED
Apr 15, 2009
Secretary of State

Entity Name: CYPRESS CREEK/ORLANDO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W STATE RD 434
SUITE 5000
LONGWOOD, FL 327795008

New Principal Place of Business:

Current Mailing Address:

2180 W STATE RD 434
SUITE 5000
LONGWOOD, FL 327795008

New Mailing Address:

FEI Number: 59-2675628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: MACARONIS, BETSY
Address: 4845 WALDEN CIR
City-St-Zip: ORLANDO, FL 32811

Title: VPD () Delete
Name: HOLLIS, WENDY
Address: 4931 WALDEN CIR
City-St-Zip: ORLANDO, FL 32811

Title: STD () Delete
Name: SKIDMORE, JASON
Address: 4806 LUGE LN
City-St-Zip: ORLANDO, FL 32839

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: BETSY MACARONIS

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date