

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12063

FILED  
Feb 11, 2010  
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:**

2180 W STATE RD 434  
SUITE 5000  
LONGWOOD, FL 32779

**Current Mailing Address:**

2180 W STATE RD 434  
SUITE 5000  
LONGWOOD, FL 327795008

**New Mailing Address:**

2180 W STATE RD 434  
SUITE 5000  
LONGWOOD, FL 32779

**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  
Name: MACARONIS, BETSY  
Address: 4845 WALDEN CIR  
City-St-Zip: ORLANDO, FL 32811

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

Title: TSD  
Name: SKIDMORE, JASON  
Address: 4806 LUGE LN  
City-St-Zip: ORLANDO, FL 32839

I hereby 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 all other like empowered.

SIGNATURE: BETSY MACARONIS

PD

02/11/2010

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

\_\_\_\_\_  
Date