

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14809

FILED
Apr 08, 2009
Secretary of State

Entity Name: CYPRESS PLAZA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8120 NATIONS WAY
SUITE 202
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8120 NATIONS WAY
SUITE 202
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-2785164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINSCH, MARK A
2700 LAKE SHORE BLVD
JACKSONVILLE, FL 32210 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: D () Delete
Name: VENUS, BAHMAN
Address: 8120 NATIONS WAY, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: STOUT, WILL
Address: 8120 NATIONS WAY, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: MCKENNA, JOY
Address: 901 PINES DE LEON BLVD #505
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BRADY, JIM
Address: ST JOHNS INDUSTRIAL PKWY N, STE 1
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: OLDSBERG, PHIL
Address: 7301 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

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: D (X) Change () Addition
Name: ACOSTA-GILLILAND, APRIL
Address: 7301 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: REGISTER, BUDDY
Address: 8641 BAYPINE ROAD #1
City-St-Zip: JACKSONVILLE, FL 32256

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: WILL STOUT

D

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date