## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16506

FILED Apr 28, 2009 Secretary of State

Entity Name: CYPRESS HAMMOCK ASSOCIATION, INC.

Current	Principal Place	of Business:	New Principal Place of Business:
	JRELWOOD DRI NVILLE, FL 3225		
Current l	Mailing Address	:	New Mailing Address:
P.O. BOX JACKSOI	( 57356 NVILLE, FL 3224	1 US	
FEI Numbe	r: 59-2727354	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name an	d Address of Cu	ırrent Registered Agent	Name and Address of New Registered Agent:
1116 NOF	A, DONALD RTH EDGEWOO NVILLE, FL 3225		
	e named entity รเ te of Florida.	ubmits this statement for t	ne purpose of changing its registered office or registered agent, or bo
SIGNATU	JRE:		
	Electronic	Signature of Registered	Agent Date
OFFICER	RS AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	BUDD, SANDRA 4162 STILLWOO	D DRIVE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DUFFY, JANET 4034 LAURELW	OOD DRIVE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	PINEDA, SHARO 4161 STILLWOO	D DRIVE	Title: S (X) Change ( ) Addition Name: FORD, LORETTA SECRETA Address: 4054 STILLWOOD DRIVE City-St-Zip: JACKSONVILLE, FL 32257 US
Title: Name: Address: City-St-Zip:	OBI, YVONE CC 4032 STILLWOO	D DRIVE	Title: VP (X) Change ( ) Addition Name: DENMARK, KATHLEEN V PRES Address: 4037 LAURELWOOD DRIVE City-St-Zip: JACKSONVILLE, FL 32257 US
Title: Name: Address: City-St-Zip:	HONEYCUT, DÍA 4078 LAURELW	OOD DRIVE	Title: D (X) Change ( ) Addition Name: OLDHAM, TREY ARCH Address: 4038 LAURELWOOD DRIVE City-St-Zip: JACKSONVILLE, FL 32257 US
Title: Name: Address:	AD ()[ FORD, JAY PST 4054 STILLWOO		Title: ( ) Change ( ) Addition Name: Address:

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: JANET DUFFY TREA 04/28/2009