

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21342

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** WESTWOOD AT CYPRESS RUN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

541 SOUTH STATE ROAD 7  
12  
MARGATE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

541 SOUTH STATE ROAD 7  
12  
MARGATE, FL 33068

**New Mailing Address:**

**FEI Number:** 59-2852348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABSOLUTE PROPERTY MANAGEMENT  
541 SOUTH STATE ROAD 7  
12  
MARGATE, FL 33068 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: FLETCHER, EVERN  
Address: 1637 CYPRESS POINTE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD ( ) Delete  
Name: DE VALLE, ROSE  
Address: 1662 CYPRESS POINTE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: STD ( ) Delete  
Name: WOLF, BERNADETTE  
Address: 1671 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:

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

02/23/2009

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

\_\_\_\_\_  
Date