

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21922

FILED
Mar 02, 2009
Secretary of State

Entity Name: CYPRESS LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

884 CYPRESS LAKES BLVD.
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2663
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-2895146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, LORI
884 CYPRESS LAKE BLVD.
TARPON SPRINGS, FL 34688 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: SD () Delete
Name: KELSCH, PAMELA
Address: 715 CYPRESS LAKES BLVD.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: P () Delete
Name: PAPES, SCOTT
Address: 2973 CYPRESS POINTE CT
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD () Delete
Name: COOPER, LORI
Address: 884 CYPRESS LAKES BLVD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: HAND, AMY
Address: 994 CYPRESS LAKES BLVD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: CHRISTIANSEN, GAIL
Address: 764 CYPRESS LAKES BLVD.
City-St-Zip: TARPON SPRINGS, FL 34688

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: () 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: LORI COOPER

MS.

03/02/2009

Electronic Signature of Signing Officer or Director

Date