

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22254

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** CYPRESS RUN VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13214 MOLITOR COURT  
HUDSON, FL 34669 US

**New Principal Place of Business:**

**Current Mailing Address:**

13214 MOLITOR COURT  
HUDSON, FL 34669 US

**New Mailing Address:**

**FEI Number:** 59-2891651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REICHHOLD, CLIFFORD  
13214 MOLITOR COURT  
HUDSON, FL 34669 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: CARSON, LINDA  
Address: 13212 MOLITOR CT  
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Delete  
Name: SMITH, TED  
Address: 13211 MOLITOR CT  
City-St-Zip: HUDSON, FL 34669

Title: T ( ) Delete  
Name: REICHHOLD, CLIFFORD  
Address: 13214 MOLITOR COURT  
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Delete  
Name: NORWOOD, RONALD  
Address: 13229 MOLITOR CT  
City-St-Zip: HUDSON, FL 34669

Title: VPD ( ) Delete  
Name: DICK, WILLIAM  
Address: 13223 MOLITOR CT  
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Delete  
Name: KAUFFELD, HOWARD  
Address: 13209 MOLITOR CT.  
City-St-Zip: HUDSON, FL 34669

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CARSON, LINDA  
Address: 13221 MOLITOR CT  
City-St-Zip: HUDSON, FL 34669

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CARSON, ROBERT  
Address: 13221 MOLITOR CT  
City-St-Zip: HUDSON, FL 34669

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: CLIFFORD E> REICHHOLD

T

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date