

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23350

FILED
Apr 02, 2009
Secretary of State

Entity Name: CYPRESS GLEN TOWN HOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7932 WILES RD
POMPANO BEACH, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

C/O BENCHMARK PROPERTY MGMT
7932 WILES RD
POMPANO BEACH, FL 33067 US

New Mailing Address:

FEI Number: 65-0099366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NW 6TH WAY
SUITE 103
FORT LAUDERDALE, FL 33309 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: VP () Delete
Name: SCHRECK, DONNA
Address: 10825 CYPRESS GLEN DR
City-St-Zip: CORAL SPRINGS, FL 36071

Title: T () Delete
Name: DAILEY, DIANE
Address: 10892 CYPRESS GLEN DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S () Delete
Name: OPIO, MONICA
Address: 10856 CYPRESS GLEN DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: REISGO, REGINA
Address: 10801 CYPRESS GLEN DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SCHRECK, DONNA
Address: 10825 CYPRESS GLEN DR
City-St-Zip: CORAL SPRINGS, FL 36071

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

Title: D (X) Change () Addition
Name: OPIO, MONICA
Address: 10856 CYPRESS GLEN DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: P (X) Change () Addition
Name: SAUVE, KAREN
Address: 10859 CYPRESS GLEN DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Change (X) Addition
Name: MORDIS, EDWARD
Address: 10858 CYPRESS GLEN DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: KAREN SAUVE

P

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date