

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26225

FILED
Apr 06, 2009
Secretary of State

Entity Name: CYPRESS ISLE AT THE POLO CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESIDENTIAL MANAGEMENT CONCEPTS INC
PO BOX 97-0069
BOCA RATON, FL 334970069 US

New Principal Place of Business:

C/O RESIDENTIAL MANAGEMENT CONCEPTS INC
778 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442 US

Current Mailing Address:

C/O RESIDENTIAL MANAGEMENT CONCEPTS INC
PO BOX 97-0069
BOCA RATON, FL 334970069 US

New Mailing Address:

FEI Number: 65-0115397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALOMBI, GARY
778 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442 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: MILLS, PAUL
Address: 16825 D ISLE OF PALMS DR
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPS () Delete
Name: RICHMAN, JUDIE
Address: 16879-D ISLE OF PALMS DR
City-St-Zip: DELRAY BEACH, FL 33484

Title: T () Delete
Name: GOLDSTEIN, GEORGE
Address: 16837-C ISLE OF PALM DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: FREEDMAN, ALLAN
Address: 16922-B ISLES OF PALM DR
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: LANER, ALAN
Address: 16874C ISLE OF PALMS DR
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLS, PAUL
Address: 16825 D ISLE OF PALMS DR
City-St-Zip: DELRAY BEACH, FL 33484

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: GARY PALOMBI

RA

04/06/2009

Electronic Signature of Signing Officer or Director

Date