

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33994

FILED
Mar 23, 2009
Secretary of State

Entity Name: CYPRESS LAKES HOMEOWNERS ASSOCIATION 10, INC.

Current Principal Place of Business:

GEORGE B. CONLON
3918 DAFILEE CIRCLE
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

GEORGE B. CONLON
3918 DAFILEE CIRCLE
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 65-0139544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARIANO, MAXINE
5283 TIFANY ANNE CIRCLE
WEST PALM BEACH, FL 33417 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: DVP () Delete
Name: CONLON, GEORGE B
Address: 3918 DAFILE CIR.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: DT () Delete
Name: GARIANO, MAXINE
Address: 5283 TIFFANY ANNE CIR.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: DS () Delete
Name: HENDRICKSON, G. FAYE
Address: 3858 DAFILEE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: DP () Delete
Name: KAYE, CONNIE
Address: 5230 TIFFANY ANNE CIR.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: CASTRO, ARMAND
Address: 3902 DAFILEE CIR
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: DUFFELL, DAVID
Address: 3874 DAFILEE CIR.
City-St-Zip: WEST PALM BEACH, FL 33417

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:

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: MAXINE GARIANO

DT

03/23/2009

Electronic Signature of Signing Officer or Director

Date