2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35157

FILED Mar 08, 2010 Secretary of State

Entity Name: CYPRESS ISLE HOMEOWNERS ASSOCIATION OF ORANGE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044 US STE 5000

LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

2180 W SR 434 2180 WEST SR 434

STE 5000 STE 5000 LONGWOOD, FL 32779 LONGWOOD, FL 32779

FEI Number: 59-3129698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434, STE. 5000 LONGWOOD, FL 32779 US

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:

FOLEY, BILL Name:

Address: 10308 CYPRESS ISLE CT. City-St-Zip: ORLANDO, FL 32836

Title:

Name: COURIER, BRETT

Address: 8816 SUNSET BOULEVARD City-St-Zip: ORLANDO, FL 32836

Title: TD

HIGGINS, NICK Name:

10300 CYPRESS ISLE CT Address: City-St-Zip: ORLANDO, FL 32835

Title: VPD

Name: DARLEY, JOHN

10316 CYPRESS ISLE COURT Address:

City-St-Zip: ORLANDO, FL 32836

Title: PD

Name: DOOLEY, MICHAEL 10340 CYPRESS ISLE CT Address: City-St-Zip: ORLANDO, FL 32836

Title:

LANDIS, JOE Name: Address: 8808 SUNSET BLVD ORLANDO, FL 32836 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL DOOLEY PD 03/08/2010