

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36169

FILED
Mar 31, 2009
Secretary of State

Entity Name: CYPRESS FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

314 NE 3RD ST
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

314 NE 3RD ST
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-0291313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZANGEN, ALAN
1200 CORPORATE CENTER WAY
STE. 201
WELLINGTON, FL 33414 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: TD () Delete
Name: VENTRIGLIO, FRANK
Address: 581 CYPRESS GREEN
City-St-Zip: WELLINGTON, FL 33414

Title: PD () Delete
Name: MIRRA, KATHY
Address: 522 CYPRESS GREEN CIR
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: POWERS, TERRY
Address: 558 CYPRESS STRAND CT
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MOSCHELLE, JOHN
Address: 857 CEDAR COVE RD
City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete
Name: DESANTIS, KAREN
Address: 541 CYPRESS CROSSING
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAINES, TIM
Address: 15743 CYPRESS PARK DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: PD (X) Change () Addition
Name: MIRRAR, KATHY
Address: 522 CYPRESS GREEN CIR
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change () Addition
Name: POWERS, TERRY
Address: 558 CYPRESS STRAND CT
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change () Addition
Name: MOSCHELLA, JOHN
Address: 857 CEDAR COVE RD
City-St-Zip: WELLINGTON, FL 33414

Title: T (X) Change () Addition
Name: DESANTIS, KAREN
Address: 541 CYPRESS CROSSING
City-St-Zip: WELLINGTON, FL 33414

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: SHERI MCKENZIE

BKPR

03/31/2009

Electronic Signature of Signing Officer or Director

Date