2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N36301

Entity Name: CYPRESS HARBOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11251 HARBOUR VILLA RD
ORLANDO, FL 32821 US

New Principal Place of Business:

Current Mailing Address:

% RESORT OPERATIONS
6649 WESTWOOD BLVD., STE 500
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 57-0715279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	S	( ) Delete
Name:	DOUGLASS, WILLIAM	
Address:	755 SEMINOLE ROAD	
City-St-Zip:	MEADVILLE, PA	
Title:	T	( ) Delete
Name:	GAMMON, DEBRA	
Address:	5557 RFD	
City-St-Zip:	LONG GROVE, IL 60047	
Title:	PD	( ) Delete
Name:	DIGIOVACCHINO, DAN J	
Address:	64 TREATY DRIVE	
City-St-Zip:	WAYNE, PA 19087	
Title:	VP	( ) Delete
Name:	CHRISTOPHERSON, JAMES	
Address:	2841 FOREST LODGE DRIVE	
City-St-Zip:	TRAVERSE CITY, MI 49684	
Title:	D	( ) Delete
Name:	WILSON, LYN	
Address:	THE PINES, 1 MANOR HOUSE CLOSE	
City-St-Zip:	ASTON FLAMVILLE, LEICESTER, LE 10 3AU UK	

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:	

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: LANA J CULLUM SPS 04/13/2009

Electronic Signature of Signing Officer or Director — Date