

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42439

FILED
Jan 22, 2009
Secretary of State

Entity Name: CYPRESS KNEE COVE MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% MARILYN REID
6711 WINDWARD PALMS CT
LAKE WALES, FL 33898 US

New Principal Place of Business:

Current Mailing Address:

6711 WINDWARD PALMS CT
LAKE WALES, FL 33898 US

New Mailing Address:

% MARILYN REID
6711 WINDWARD PALMS CT
LAKE WALES, FL 33898 US

FEI Number: 59-3051899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, MARILYN J
6711 WINDWARD PALMS CT
LAKE WALES, FL 33898 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: STD () Delete
Name: REID, MARILYN
Address: 6711 WINDWRD PALMS COURT
City-St-Zip: LAKE WALES, FL 33898

Title: P () Delete
Name: LOCKE, RUTH
Address: 6775 DONALDSON DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: VP () Delete
Name: STEWARD, HARTLEY
Address: 6726 DONALDSON DR
City-St-Zip: LAKE WALES, FL 33898

Title: BM () Delete
Name: PETREY, ROBERT
Address: 6762 DONALDSON DR
City-St-Zip: LAKE WALES, FL 33898

Title: BM () Delete
Name: ELY, KEITH
Address: 6766 DONALDSON DR
City-St-Zip: LAKE WALES, FL 33898

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: MARILYN J REID

SEC

01/22/2009

Electronic Signature of Signing Officer or Director

Date