

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 06, 2010**  
**Secretary of State**

DOCUMENT# N49777

**Entity Name:** CYPRESS TRACE UNIT 3 HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8113 SETTERS POINT DRIVE  
NEW PORT RICHEY, FL 34653 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 1303  
NEW PORT RICHEY, FL 346561303 US**New Mailing Address:****FEI Number:** 59-3443994**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BOGLINO, PAUL  
8113 SETTERS POINT DR  
NEW PORT RICHEY, FL 34653 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: P  
Name: MAZZA, DEBBIE  
Address: 8137 SETTERS POINT DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D  
Name: PENNA, MIKE  
Address: 8117 SETTERS POINT DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D  
Name: FOWLER, LEWIS  
Address: 5151 WORTH COURT  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T  
Name: BOGLINO, PAUL  
Address: 8133 SETTERS POINT DR  
City-St-Zip: NEW PORT RICHEY, FL 34683

Title: V  
Name: MCKIMM, SANDY  
Address: 8113 SETTERS POINT DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

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: PAUL BOGLINO

T

06/06/2010

Electronic Signature of Signing Officer or Director

Date