

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005353

FILED
Jan 07, 2009
Secretary of State

Entity Name: CYPRESS LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8690 PATTY BERG COURT
FT. MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

8690 PATTY BERG COURT
FT. MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0475309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, PATRICIA
4295-B ISLAND CIRCLE
FT. MYERS, FL 33919 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 () Delete
Name: NAGATA, MARTHA
Address: 8695 PATTY BERG CT
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: MOLL, DAVID
Address: 14327 PATTY BERG DR.
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: SCOTT, SALDEEN
Address: 8676 FRANCHI BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: VP () Delete
Name: BURTON, DORIS
Address: 8668 PATTY BERG CT
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: VAN COONEY, JAMES
Address: 14221 PATTY BERG DR
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MOLL, DAVID
Address: 14327 PATTY BERG DR.
City-St-Zip: FORT MYERS, FL 33919

Title: S (X) Change () Addition
Name: SUZANNE, GALLOWAY
Address: 14313 PATTY BERG DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change () Addition
Name: HOGERHEIDE, DENNIS
Address: 14321 PATTY BERG DRIVE
City-St-Zip: FORT MYERS, FL 33919

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: MARTHA NAGATA

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date