

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000867

FILED
Jan 30, 2009
Secretary of State

Entity Name: THE FOUNTAINS AT CYPRESS LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2189 CLEVELAND ST
SUITE 225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2189 CLEVELAND ST
SUITE 225
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3233527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
SEABORD ARBORS MANAGEMENT SVCS
2189 CLEVELAND ST SUITE 225
CLEARWATER, FL 33765 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: PD () Delete
Name: ROCK, DEAN
Address: 396 FOUNTAINVIEW CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: VPD () Delete
Name: JOHNSON, KATHLEEN
Address: 325 FOUNTAIN CIR
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: SMITH, JAMES
Address: 345 FOUNTAINVIEW CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: SD () Delete
Name: CASTELLANO, GEORGIANNA
Address: 313 FOUNTAINVIEW CIR
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: DRONEY, RITA
Address: 375 FOUNTAINVIEW CIR
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: BAHNSEN, SCOTT
Address: 326 FOUNTAINVIEW CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: PD (X) Change () Addition
Name: JOHNSON, KATHLEEN
Address: 325 FOUNTAIN CIR
City-St-Zip: OLDSMAR, FL 34677

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: KATHLEEN JOHNSON

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date