

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004148

FILED
Apr 13, 2009
Secretary of State

Entity Name: CYPRESS LAKE HOMEOWNERS ASSOCIATION OF MARTIN COUNTY, INC.

Current Principal Place of Business:

543 NW LAKE WHITNEY POL
101
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

543 NW LAKE WHITNEY POL
101
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 65-0528710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORAH
C/O ROSS, EARL & BONNAN
759 S FEDERAL HWY STE 212
STUART, FL 34994 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: PILKINGTON, JAMES
Address: 1768 SW SHADY LAKES TER
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: MAINE, ROD
Address: 1691 SW SHADY LAKES TER
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: DODD, JACK
Address: 1548 SW SHADY LAKES TER
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: JOHNSON, HELEN
Address: 1636 SW SHADY LAKE TER
City-St-Zip: PALM CITY, FL 34990

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BURNSIDE, HARRY
Address: 1688 SW SHADY LAKES TER
City-St-Zip: PALM CITY, FL 34990

Title: DT (X) Change () Addition
Name: MAINE, ROD
Address: 1691 SW SHADY LAKES TER
City-St-Zip: PALM CITY, FL 34990

Title: DS (X) Change () Addition
Name: MOSS, JAMES
Address: 1723 SW SHADY LAKES TER
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Change () Addition
Name: MILLER, AUGUST
Address: 1571 SW SHADY LAKE TER
City-St-Zip: PALM CITY, FL 34990

Title: DVP () Change (X) Addition
Name: PILKINGTON, JAMES
Address: 1768 SW SHADY LAKE TERR
City-St-Zip: PALM CITY, FL 34990

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: HARRY BURNSIDE

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date