

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004724

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** CYPRESS POINT AT ST. CLOUD HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5151 ADANSON ST SUITE 103  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

5151 ADANSON ST SUITE 103  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-3303964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PREMIER COMMUNITY MANAGERS, INC.  
5151 ADANSON ST  
STE 103  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

HOUSE, GARY  
PREMIER COMMUNITY MANAGERS, INC  
5151 ADANSON ST., STE 103  
ORLANDO, FL 32804 US

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: GARY HOUSE

03/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DEMINO, AUDREY A  
Address: 3386 CYPRESS POINT CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: VP  
Name: DEMINO, STEVEN L  
Address: 3386 CYPRESS POINT CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34772

Title: S/T  
Name: WRIGHT, WAYNE  
Address: 3362 CYPRESS POINT CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34772

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: AUDREY A DEMINO

P

03/10/2011

Electronic Signature of Signing Officer or Director

Date