

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000015

FILED
Mar 10, 2008
Secretary of State

Entity Name: TALL CYPRESS COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12720 EDENBRIDGE CT.
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

12720 EDENBRIDGE CT.
JACKSONVILLE, FL 32223 US

Current Mailing Address:

GAMAL LYONS
12720 EDENBRIDGE CT.
JACKSONVILLE, FL 32223 US

New Mailing Address:

12720 EDENBRIDGE CT.
JACKSONVILLE, FL 32223 US

FEI Number: 59-3305663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, GAMAL
12720 EDENBRIDGE CT.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

LYONS, GAMAL DIR
12720 EDENBRIDGE CT.
JACKSONVILLE, FL 32223 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: GAMAL LYONS

03/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASH, JAMES
Address: 12769 EDENBRIDGE CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD () Delete
Name: BOOTH, LALAND
Address: 12729 EDENBRIDGE CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD () Delete
Name: LYONS, GAMAL
Address: 12720 EDENBRIDGE CT
City-St-Zip: JACKSONVILLE, FL 32223

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: AKEL, ANDY
Address: 12744 EDENBRIDGE CT
City-St-Zip: JACKSONVILLE, FL 32223

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: GAMAL LYONS

DIR

03/10/2008

Electronic Signature of Signing Officer or Director

Date