2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000044

FILED Mar 09, 2009 Secretary of State

Entity Name: CYPRESS RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

18107 PRINCESS POINT CIRCLE 9300 HIGHLAND OAK DRIVE TAMPA, FL 33647 TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

P.O. BOX 48855 TAMPA, FL 33646 US

FEI Number: 59-3377385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MEZER, STEVEN 1801 N. HIGHLAND AVENUE TAMPA, FL 33602

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BAGGOT, LORI KASTNER, KARL Name: Name:

9310 CYPRESS BEND DRIVE Address: 9313 CYPRESS BEND DRIVE Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: Title: (X) Change () Addition () Delete

BAKER, JULI Name: SEPULVEDA, SARA Name: Address: 9321 CYPRESS BEND DRIVE Address: 17802 EAGLE TRACE STREE

City-St-Zip: TAMPA, FL 33647

TAMPA, FL 33647 City-St-Zip:

Title: () Delete Title: PD (X) Change () Addition COHEN, JUSTIN RADER, JACK Name: Name:

9329 CYPRESS BEND DRIVE Address:

17822 EAGLE TRACE STREET Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

(X) Change () Addition Title: TD () Delete Title: TD

Name: NOBLE, CRYSTAL Name: RADER, MARY 9305 CYPRESS BEND DRIVE Address: Address: 17822 EAGLE TRACE STREET

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

VPD Title: () Delete Title: (X) Change () Addition

JOHNSON, CORNELA MALYSZEK, LIZ Name: Name:

9324 CYPRESS BEND DRIVE 17804 EAGLE TRACE STREET Address: Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

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: MARY RADER **TRES** 03/09/2009