

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000203

FILED
Mar 19, 2009
Secretary of State

Entity Name: CYPRESS PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5324 FAIRFIELD LAKE DR
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

5324 FAIRFIELD LAKE DR
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 59-3342607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: JONES, DONALD DR.
Address: 7111 WILD FOREST CT., #102
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: KUHLKE, WILLIAM
Address: 196 SE WENTWORTH DR.
City-St-Zip: STUART, FL 34996

Title: PD () Delete
Name: REED, JIM
Address: 1600 RISING VIEW LANE
City-St-Zip: KNOXVILLE, TN 37922

Title: T () Delete
Name: RAY, JOYCELYN
Address: 11111 CANYON TRIAL
City-St-Zip: HOUSTON, TX 77066

Title: SD (X) Delete
Name: HART, WILLIAM
Address: 215 N ORANGE AVE
City-St-Zip: KISSIMMEE, FL 34741

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: () 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: JIM REED

PD

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date