

# 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: KUHLE, 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