

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000651

FILED
Jan 31, 2009
Secretary of State

Entity Name: THE CYPRESS COVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

846 CHICKADEE DR.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

PO BOX 291454
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3042290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATCHELOR, WILLIAM W
846 CHICKADEE DR.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

BATCHELOR, WILLIAM W
846 CHICKADEE DR.
PORT ORANGE, FL 32127 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:

01/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HILLARD, RAYMOND
Address: 924 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: GOODRICH, BOB
Address: 880 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: HUFSTEDLER, PHYLISS
Address: 920 CHICKADEE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: CD () Delete
Name: DELL, NEIL
Address: 856 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: STOEKEL, ROBERT
Address: 837 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: MARTIN, DAVID
Address: 882 CHICKADER DR
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BATCHELOR, WILLIAM W
Address: 846 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP (X) Change () Addition
Name: STOEKEL, ROBERT
Address: 837 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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

Title: T (X) Change () Addition
Name: HILLARD, RAYMOND
Address: 924 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change () Addition
Name: SCHWARZ, MIKE
Address: 820 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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: RAYMOND HILLARD

T

01/31/2009

Electronic Signature of Signing Officer or Director

Date