2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# N96000000869

Entity Name: COMMUNITY ASSOCIATION FOR CYPRESS COVE AT PELICAN BAY, INC.

Current Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Mailing Address:

FEI Number: 59-3449274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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: PD ( ) Delete
Name: SIMON, CHARLES
Address: 12 CORMORANT CIR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VPD ( ) Delete
Name: KATKISH, RAY
Address: 4 WHISTLING DUCK
City-St-Zip: DAYTONA BEACH, FL 32119

Title: SD ( ) Delete
Name: WOODS-WHITE, CHRISTINE
Address: 13 WHISTLING DUCK
City-St-Zip: DAYTONA BEACH, FL 32119

Title: TD ( ) Delete
Name: COGDILL, JOHN
Address: 16 WHISTLING DUCK
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D ( ) Delete
Name: DOLATOWSKI, JOHN
Address: 2 CORMORANT
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEWIS, PAT
Address: 13 CORMORANT CIR
City-St-Zip: DAYTONA BEACH, FL 32119

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 (X) Change ( ) Addition
Name: GILLOTTI, BOB
Address: 17 CORMORANT
City-St-Zip: DAYTONA BEACH, FL 32119

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: PAT LEWIS PD 02/11/2008

Electronic Signature of Signing Officer or Director — Date