2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000869

FILED Jan 11, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1190 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 US **Current Mailing Address: New Mailing Address:** 1190 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 US FEI Number: 59-3449274 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: BARKIN, MICHELE 1190 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LEWIS, PAT POLLARD, CHRIS Name: Name: 13 CORMORANT CIR Address: 10 CORMORANT CIR Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32119 Title: VPD Title: () Delete () Change () Addition KATKISH, RAY Name: Name: Address: 4 WHISTLING DUCK Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: Title: () Delete Title: (X) Change () Addition WOODS-WHITE, CHRISTINE WOODS-WHITE, CHRISTINE Name: Name: 13 WHISTLING DUCK Address: Address: 13 WHISTLING DUCK City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32119 Title: TD () Delete Title: () Change () Addition Name: COGDILL, JOHN Name: Address: 16 WHISTLING DUCK Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition GILLOTTI, BOB DOLATOWSKI, JOHN Name: Name: 17 CORMORANT 16 WHISTLING DUCK Address: Address:

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.

City-St-Zip:

SIGNATURE: CHRIS POLLARD PD 01/11/2009

DAYTONA BEACH, FL 32119

City-St-Zip:

DAYTONA BEACH, FL 32119