

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001104

FILED
Apr 23, 2009
Secretary of State

Entity Name: LITTLE CYPRESS POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

LITTLE CYPRESS CIRCLE
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

505 S FLAGLER DR
SUITE 900
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0703289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, SCOTT L
505 S FLAGLER DR
SUITE 900
WEST PALM BEACH, FL 33401 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: VD () Delete
Name: DIBETTA, NICHOLAS
Address: 14151 LITTLE CYPRESS CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PTD () Delete
Name: PORTER, SCOTT L
Address: 14211 LITTLE CYPRESS CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD () Delete
Name: DAVIS, CHRISTINE
Address: 14191 LITTLE CYPRESS CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: COMFORT, TED
Address: 14171 LITTLE CYPRESS CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: SCOTT L. PORTER

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date