2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N96000004886

Entity Name: SUN KETCH TOWNHOMES AT CYPRESS LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

3527 PALM HARBOR BLVD.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3397614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSON, JACK B
MELROSE - SOVEREIGN COMPANIES
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 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: LEWIS, GARY
Address: 220 HEMINGWAY DR.
City-St-Zip: OLDSMAR, FL 34677

Title: VPD ( ) Delete
Name: HAKES, ANDY
Address: 260 HEMINGWAY DR
City-St-Zip: OLDSMAR, FL 34677

Title: TD ( ) Delete
Name: O'BRIEN, BILL
Address: 242 HEMINGWAY DRIVE
City-St-Zip: OLDSMAR, FL

Title: SD ( ) Delete
Name: PAYNE, LARRY
Address: 231 HEMINGWAY DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: DOMPIER, CAROL
Address: 224 HEMINGWAY DRIVE
City-St-Zip: OLDSMAR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CALIGIURI, MARY ANN
Address: 246 HEMINGWAY DR.
City-St-Zip: OLDSMAR, FL 34677

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

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

Title: SD (X) Change ( ) Addition
Name: CAROZZA, LISA
Address: 285 HEMINGWAY DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change ( ) Addition
Name: CAREY, ZOI
Address: 243 HEMINGWAY DRIVE
City-St-Zip: OLDSMAR, FL

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: MARY ANN CALIGIURI P 04/17/2009

Electronic Signature of Signing Officer or Director — Date