2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005062

FILED Jan 06, 2009 Secretary of State

Entity Name: BIG CYPRESS GOLF AND COUNTRY CLUB ESTATES HOMEOWNERS ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
P.O. BOX NAPLES,	10424 FL 34101 US	21 CYPRESS POINT DRIVE NAPLES, FL 34105 US
urrent N	lailing Address:	New Mailing Address:
P.O. BOX IAPLES,	10424 FL 34101 US	PO BOX 10424 NAPLES, FL 34101 US
El Number	: 65-0252952 FEI Number App	ied For () FEI Number Not Applicable () Certificate of Status Desired ()
lame and	d Address of Current Register	ed Agent: Name and Address of New Registered Agent:
	JOHN R ESS POINT DR FL 34105 US	
	e named entity submits this state e of Florida.	ment for the purpose of changing its registered office or registered agent, or both,
IGNATU	RE: Electronic Signature of R	egistered Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
itle: ame: ddress: ity-St-Zip:	D () Delete WOLSKI, JOHN R 21 CYPRESS POINT DR NAPLES, FL 34105	Title: () Change () Addition Name: Address: City-St-Zip:
tle: ame: ddress: ity-St-Zip:	D () Delete FINIGAN, RICHARD T 293 MELJEN DR NAPLES, FL 34105	Title: () Change () Addition Name: Address: City-St-Zip:
ame: ddress:	FINIGAN, RICHARD T 293 MELJEN DR	Name: Address:
ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	FINIGAN, RICHARD T 293 MELJEN DR NAPLES, FL 34105 D () Delete HARTWIG, JERRY 256 BURNING TREE DR	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
ame: ddress: ity-St-Zip: tle: ame: ddress:	FINIGAN, RICHARD T 293 MELJEN DR NAPLES, FL 34105 D () Delete HARTWIG, JERRY 256 BURNING TREE DR NAPLES, FL 34105 D () Delete JACKSON, PAUL 310 BURNING TREE DR	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: 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.

SIGNATURE: JOHN R WOLSKI PRES 01/06/2009