

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005674

FILED
Jan 05, 2009
Secretary of State

Entity Name: CYPRESS CREEK MOBILE HOMEOWNERS SOCIAL CLUB, INC.

Current Principal Place of Business:

28944 HUBBARD ST. LOT 80
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

28944 HUBBARD ST. LOT 80
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-3411353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENZ, EDNA M
28944 HUBBARD ST, LOT 80
LEESBURG, FL 34748 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: P () Delete
Name: ANDERSON, TERRY
Address: 28944 HUBBARD ST LOT 98
City-St-Zip: LEESBURG, FL 34748

Title: VP () Delete
Name: STRATTON, CONNIE
Address: 28944 HUBBARD ST LOT 103
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: BRIAN, ALDER
Address: 28944 HUBBARD ST LOT 105
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: ELD, JULIE
Address: 28944 HUBBARD ST LOT 102
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: ST. AMAND, ROBERT
Address: 28944 HUBBARD ST. LOT 20
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: LORENZ, EDNA M
Address: 28944 HUBBARD ST. LOT 80
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: O'BRIEN, LAVON
Address: 28944 HUBBARD ST LOT 24
City-St-Zip: LEESBURG, FL 34748

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: EDNA M LORENZ

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date