

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:

28944 HUBBARD ST, LOT 80
LEESBURG, FL 34748 US

Current Mailing Address:

New Mailing Address:

28944 HUBBARD ST, LOT 80
LEESBURG, FL 34748 US

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: () Change () Addition

Name:

Address:

City-St-Zip:

Title: VP () Delete

Name: STRATTON, CONNIE

Address: 28944 HUBBARD ST LOT 103

City-St-Zip: LEESBURG, FL 34748

Title: VP (X) Change () Addition

Name: O'BRIEN, LAVON

Address: 28944 HUBBARD ST LOT 24

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: () Change () Addition

Name:

Address:

City-St-Zip:

Title: S () Delete

Name: ELD, JULIE

Address: 28944 HUBBARD ST LOT 102

City-St-Zip: LEESBURG, FL 34748

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: ST. AMAND, ROBERT

Address: 28944 HUBBARD ST. LOT 20

City-St-Zip: LEESBURG, FL 34748

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: T () Delete

Name: LORENZ, EDNA M

Address: 28944 HUBBARD ST. LOT 80

City-St-Zip: LEESBURG, FL 34748

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