

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 30, 2008
Secretary of State**

DOCUMENT# N96000005697

Entity Name: CYPRESS POINTE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

PROGRESSIVE MANAGEMENT ASSOC., INC.
5400 S. UNIVERSITY DRIVE, STE. 101
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

C/O PROGRESSIVE MANAGEMENT ASSOC., INC.
5400 S. UNIVERSITY DRIVE, STE. 101
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 59-2031220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWE, LORA ESQ.
TUCKER & TIGHE, P.A.
800 E. BROWARD BLVD., SUITE 700
FT. LAUDERDALE, FL 33301 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: DURANT, MICHAEL
Address: 5400 S. UNIVERSITY DRIVE, STE. 101
City-St-Zip: DAVIE, FL 33328

Title: VPD () Delete
Name: SACKETT, RICHARD M
Address: 5400 S. UNIVERSITY DRIVE, STE. 101
City-St-Zip: DAVIE, FL 33328

Title: TD () Delete
Name: FABRICIUS, VALENTINE
Address: 5400 S. UNIVERSITY DRIVE, STE. 101
City-St-Zip: DAVIE, FL 33328

Title: SD () Delete
Name: FERNANDEZ, JACKIE
Address: 5400 S. UNIVERSITY DRIVE, STE. 101
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: CORR, ARTHUR
Address: 5400 S. UNIVERSITY DRIVE, STE. 101
City-St-Zip: DAVIE, FL 33328

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: D (X) Change () Addition
Name: ZINN, SUSAN
Address: 5400 S. UNIVERSITY DRIVE, STE. 101
City-St-Zip: DAVIE, FL 33328

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: MICHAEL DURANT

PD

07/30/2008

Electronic Signature of Signing Officer or Director

_____ Date