

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002804

FILED
Apr 18, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF CYPRESS GLEN, INC.

Current Principal Place of Business:

8888 CYPRESS HAMMOCK DR
TAMPA, FL 336148100

New Principal Place of Business:

Current Mailing Address:

8888 CYPRESS HAMMOCK DR
TAMPA, FL 336148100

New Mailing Address:

FEI Number: 59-3455004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTON, EDWARD M
8822 CYPRESS HAMMOCK DR
TAMPA, FL 33614 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: LIVINGSTON, EDWARD M
Address: 8822 CYPRESS HAMMOCK DR
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: LIVINGSTON, EDWARD M
Address: 8822 CYPRESS HAMMOCK DR
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: MAN-SON-HING, JANISE
Address: 8888 CYPRESS HAMMOCK DR
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: CHRONISTER, LISA
Address: 8856 CYPRESS HAMMOCK DR
City-St-Zip: TAMPA, FL 33614

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: EDWARD M LIVINGSTON

MR

04/18/2009

Electronic Signature of Signing Officer or Director

Date