2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N97000002878

Entity Name: THE PRESERVE AT CYPRESS LAKES HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-3492526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCANNAVINO INC
720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677 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: LEONE, MIKE
Address: 515 CYPRESS VIEW DR
City-St-Zip: OLDSMAR, FL 34677

Title: VD ( ) Delete
Name: LEONE, PAUL
Address: 542 LAKE CYPRESS CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: SD ( ) Delete
Name: DUEL, CHERYL
Address: 630 LAKE CYPRESS CIR
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: KEESECKER, CARRIE
Address: 510 CYPRESS VIEW DR
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: T (X) Change ( ) Addition
Name: ARIAS, EDDIE
Address: 509 CYPRESS VIEW DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Change (X) Addition
Name: CAIN, DERRICK
Address: 512 CYPRESS VIEW DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Change (X) Addition
Name: PAPA, GEORGE
Address: 412 CYPRESS VIEW DRIVE
City-St-Zip: OLDSMAR, FL 34677

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: MIKE LEONE PD 03/17/2009
Electronic Signature of Signing Officer or Director Date