2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005700

FILED Apr 29, 2009 Secretary of State

Entity Name: CYPRESS WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5720 CINNAMON FERN BLVD 5651 CINNAMOON FERN BLVD COCOA, FL 32927 US COCOA, FL 32927 US

Current Mailing Address: New Mailing Address:

PO BOX 838

SHARPES, FL 329590838 US

FEI Number: 59-3496835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRAIR, NORMA (EMA) J WALDO, DAVID P 5310 CINNAMON FERN BLVD 5651 CINNAMON FERN B

5310 CINNAMON FERN BLVD 5651 CINNAMON FERN BLVD COCOA, FL 32937 US COCOA, FL 32937 US

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: DAVID P. WALDO 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DP () Delete Title: DST (X) Change () Addition

 Name:
 WALDO, DAVID
 Name:
 WALDO, DAVID

 Address:
 P.O. BOX 838
 Address:
 P.O. BOX 838

City-St-Zip: SHARPES, FL 329590838 City-St-Zip: SHARPES, FL 329590838

Title: DST () Delete Title: DEA (X) Change () Addition

 Name:
 FRAIR, NORMA (EMA) J
 Name:
 WHITE, RUSSELL

 Address:
 P.O. BOX 838
 Address:
 P.O. BOX 838

City-St-Zip: SHARPES, FL 329590838 City-St-Zip: SHARPES, FL 329590838

Title: DV (X) Delete Title: () Change () Addition

 Name:
 DAVIS, RANDAL
 Name:

 Address:
 P.O. BOX 838
 Address:

 City-St-Zip:
 SHARPES, FL 329590838
 City-St-Zip:

Title: DIA () Delete Title: DV (X) Change () Addition

Name: D'ANDREA, TONY Name: D'ANDREA, TONY

 Address:
 P.O. BOX 838
 Address:
 P.O. BOX 838

 City-St-Zip:
 SHARPES, FL 329590838
 City-St-Zip:
 SHARPES, FL 329590838

Title: DEA () Delete Title: DP (X) Change () Addition

 Name:
 WARNER, STEVE
 Name:
 WARNER, STEVE

 Address:
 P.O. BOX 838
 Address:
 P.O. BOX 838

City-St-Zip: SHARPES, FL 329590838 City-St-Zip: SHARPES, FL 329590838

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: DAVID P. WALDO DST 04/29/2009

Electronic Signature of Signing Officer or Director

Date