

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005700

FILED
Apr 08, 2011
Secretary of State

Entity Name: CYPRESS WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5651 CINNAMON FERN BLVD.
COCOA, FL 32927 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 838
SHARPES, FL 329590838 US

New Mailing Address:

FEI Number: 59-3496835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDO, DAVID P
5651 CINNAMON FERN BLVD.
COCOA, FL 32927 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: DST
Name: WALDO, DAVID
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

Title: DP
Name: D'ANDREA, TONY
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

Title: DEI
Name: LOWTHER, LONNIE
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

Title: DEA
Name: GIBSON, BRENT
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

Title: DV
Name: STUART, ANN
Address: P.O. BOX 838
City-St-Zip: SHARPES, FL 329590838

I hereby 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 all other like empowered.

SIGNATURE: DAVID WALDO

DST

04/08/2011

Electronic Signature of Signing Officer or Director

Date