

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 28, 2009**  
**Secretary of State**

DOCUMENT# N97000006372

**Entity Name:** CYPRESS GLEN I CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESORT MANAGEMENT  
2685 S HORSEHE DRIVE, SUITE #215  
NAPLES, FL 34104 US**New Principal Place of Business:**3701 NORTH TAMiami TRAIL  
NAPLES, FL 34103 US**Current Mailing Address:**C/O RESORT MANAGEMENT  
2685 S HORSEHE DRIVE, SUITE #215  
NAPLES, FL 34104 US**New Mailing Address:**3701 NORTH TAMiami TRAIL  
NAPLES, FL 34103 US**FEI Number:** 59-3490782**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WRIGHT, CATHERINE  
3225 CYPRESS GLEN WAY  
SUITE #113  
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**COMPASS GROUP  
3701 NORTH TAMiami TRAIL  
NAPLES, FL 34103 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: COMPASS GROUP

09/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WRIGHT, CATHERINE  
Address: 3225 CYPRESS GLEN WAY, SUITE #113  
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete  
Name: BUMA, SHELLEY  
Address: 3225 CYPRESS GLEN WAY #105  
City-St-Zip: NAPLES, FL 34109

Title: S ( ) Delete  
Name: CAMOANILE, JOANNA  
Address: 3225 CYPRESS GLEN WAY, #115  
City-St-Zip: NAPLES, FL 34109

**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:

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: COMPASS GROUP

MGR

09/28/2009

Electronic Signature of Signing Officer or Director

Date