

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006373

FILED
Apr 15, 2009
Secretary of State

Entity Name: CYPRESS GLEN MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-3491008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORSHEE, MACHELLE
3235 CYPRESS GLEN WAY
STE 323
NAPLES, FL 34109 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: FORSHEE, MACHELLE
Address: 3235 CYPRESS GLEN WAY #323
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: MARCY, JEANINE
Address: 3250 CYPRESS GLEN WAY, STE 417
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: ANGER509?, ARTHUR
Address: 3245 CYPRESS GLEN WAY,
City-St-Zip: NAPLES, FL 34109

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

Title: T () Delete
Name: OSBORN, CARL
Address: 3299 MEGAN LN, #5
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FORSHEE, MACHELLE
Address: 3235 CYPRESS GLEN WAY #323
City-St-Zip: NAPLES, FL 34109

Title: VP (X) Change () Addition
Name: MARCY, JEANINE
Address: 3250 CYPRESS GLEN WAY, STE 417
City-St-Zip: NAPLES, FL 34109

Title: P (X) Change () Addition
Name: ANGER, ARTHUR
Address: 3245 CYPRESS GLEN WAY,
City-St-Zip: NAPLES, FL 34109

Title: S (X) Change () Addition
Name: WRIGHT, KATHY
Address: 3225 CYPRESS GLEN WAY #113
City-St-Zip: NAPLES, FL 34109

Title: T (X) Change () Addition
Name: MULLER, RICHARD
Address: PO BOX 10921
City-St-Zip: NAPLES, FL 34101

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: ARTHUR ANGER

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date