

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002888

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** CYPRESS HEAD AT THE ENCLAVE ASSOCIATION, INC.

**Current Principal Place of Business:**

PREMIER PROPERTY MGMT. OF CFL  
735 PRIMERA BLVD. STE. 110  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

PREMIER PROPERTY MGMT. OF CFL  
735 PRIMERA BLVD. STE. 110  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 59-3524437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PREMIER PROPERTY MGMT. OF CFL  
735 PRIMERA BLVD. STE. 110  
LAKE MARY, FL 32746 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: D ( ) Delete  
Name: EVANS, JIM  
Address: 5358 RED LEAF CT  
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete  
Name: WALKER, JUDY  
Address: 5353 RED LEAF COURT  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: HOLLAND, JIM  
Address: 5206 SMOKEY WATER LN.  
City-St-Zip: OVIEDO, FL 32765

Title: PD ( ) Delete  
Name: BERTUCCI, DAVID  
Address: 5576 WHITE HEON PLACE  
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete  
Name: HAND, ROBIN  
Address: 2787 CYPRESS HEAD TR.  
City-St-Zip: OVIEDO, FL 32765

Title: DS ( ) Delete  
Name: LAIRD, KELLY  
Address: 5551 WHITE HERON  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WESTHELLE, TOM  
Address: 2430 LEANING PINE  
City-St-Zip: OVIEDO, FL 32765

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: TD (X) Change ( ) Addition  
Name: HAND, ROBBIN  
Address: 2787 CYPRESS HEAD TR.  
City-St-Zip: OVIEDO, FL 32765

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: DAVID BERTUCCI

P

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date