

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006496

FILED
Feb 25, 2009
Secretary of State

Entity Name: OLDE CYPRESS MASTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SDA MANAGEMENT SERVICES INC.
3135 SANTORINI CT.
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 990222
NAPLES, FL 34116

New Mailing Address:

FEI Number: 59-3546739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SDA MANAGEMENT SERVICES INC.
3135 SANTORINI CT.
NAPLES, FL 34119 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: PRES () Delete
Name: PAVLIK, JOE
Address: 3045 OLD COVE WAY
City-St-Zip: NAPLES, FL 34119

Title: TREA () Delete
Name: TATRO, THOMAS
Address: 3100 STRADABELLA CT.
City-St-Zip: NAPLES, FL 34119

Title: SEC. () Delete
Name: DININO, JOHN
Address: 3155 SANTORINI CT.
City-St-Zip: NAPLES, FL 34119

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SCHULTZ, PAUL
Address: 7507 TREELINE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: TREA (X) Change () Addition
Name: TATRO, THOMAS
Address: 3100 STRADA BELLA CT.
City-St-Zip: NAPLES, FL 34119

Title: SEC. (X) Change () Addition
Name: LUSHER, GARY
Address: 3080 TERRAMAR DRIVE
City-St-Zip: NAPLES, FL 34119

Title: VPD () Change (X) Addition
Name: DAMIAN, THOMAS
Address: 3120 STRADA BELLA COURT
City-St-Zip: NAPLES, FL 34119

Title: VPD () Change (X) Addition
Name: FOLKMAN, JEFFREY
Address: 2995 MONA LISA BOULEVARD
City-St-Zip: NAPLES, FL 34119

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: TOM TATRO

Electronic Signature of Signing Officer or Director

TREA

02/25/2009

Date