2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2011
Secretary of State

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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
Name: THOMAS, DAMIAN
Address: 3120 STRADA BELLA CT.
City-St-Zip: NAPLES, FL 34119

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

Title: SEC.
Name: ROTUNDA, MARIE
Address: 3033 RENAISSANCE CT.
City-St-Zip: NAPLES, FL 34119

Title: VPD
Name: SCHULTZ, PAUL
Address: 7507 TREELINE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: DIR
Name: FOLKMAN, JEFFREY
Address: 2995 MONA LISA BOULEVARD
City-St-Zip: NAPLES, FL 34119

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: DAMIAN THOMAS PRES 03/23/2011

Electronic Signature of Signing Officer or Director Date