2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006567

FILED Mar 26, 2009 Secretary of State

Entity Name: CYPRESS HAMMOCK AT THE BROOKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: SANDCASTLE COMMUNITY MGMT 1719 TRADE CENTER WAY #4 NAPLES, FL 34109 **New Mailing Address: Current Mailing Address:** SANDCASTLE COMMUNITY MGMT PO BOX 8478 NAPLES, FL 34101 FEI Number: 59-3545703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, BRAD 1719 TRADE CTR WAY 4 NAPLES, FL 34109 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LUDERBACK, CONNIE LUDERBACK, CONNIE Name: Name: 9576 CYPRESS HAMMOCK CIR 201 Address: 9576 CYPRESS HAMMOCK CIR 201 Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: (X) Change () Addition JAMES, SCHAEFER Name: JAMES, SCHAEFER Name: Address: 9677 CYPRESS HAMMOCK CIR #101 Address: 9677 CYPRESS HAMMOCK CIR #101 City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: () Change () Addition WOERNER, THEODORE Name: Name: 9597 CYPRESS HAMMOCK CR #102 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: VΡ Title: (X) Change () Addition () Delete WESTENDORF, ALAN Name: Name: WESTENDORF, ALAN 9677 CYPRESS HAMMOCK CIR 201 9677 CYPRESS HAMMOCK CIR 201 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: () Change () Addition BARBOUR, ED Name: Name: 9657 CYPRESS HAMMOCK CIR DR Address: Address: BONITA SPRINGS, FL 34135 City-St-Zip: 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: CONNIE LAUDERBACK P 03/26/2009