

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001090

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: OLDE CYPRESS HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

CARDINAL MGMT GROUP OF S. FLORIDA, INC  
5067 TAMiami TRAIL EAST  
NAPLES, FL 34113 US

## New Principal Place of Business:

## Current Mailing Address:

CARDINAL MGMT GROUP OF S. FLORIDA, INC  
5067 TAMiami TRAIL EAST  
NAPLES, FL 34113 US

## New Mailing Address:

FEI Number: 59-3583516      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARDINAL MANAGEMENT GROUP  
5067 TAMiami TRAIL EAST  
NAPLES, FL 34113 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: DELUCA, ADRIENNE  
Address: 2766 OLDE CYPRESS DR  
City-St-Zip: NAPLES, FL 34119

Title: V ( ) Delete  
Name: MUIR, JIM  
Address: 7480 TREELINE DR  
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete  
Name: BAROLSKY, STEPHEN DR  
Address: 7531 TREELINE DR  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: COOK, KATHY  
Address: 2810 WILD ORCHID CRT  
City-St-Zip: NAPLES, FL 34119

Title: T ( ) Delete  
Name: BERRY, LEE  
Address: 7414 TREELINE DR  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DELUCA, ADRIENNE  
Address: 2766 OLDE CYPRESS DR  
City-St-Zip: NAPLES, FL 34119

Title: T (X) Change ( ) Addition  
Name: MUIR, JIM  
Address: 7480 TREELINE DR  
City-St-Zip: NAPLES, FL 34119

Title: S (X) Change ( ) Addition  
Name: KRESS, JIM  
Address: 2893 LONE PINE LANE  
City-St-Zip: NAPLES, FL 34119

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SLAGHT, CHUCK  
Address: 2918 LONE PINE LANE  
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: ADRIENNE DE LUCA

P

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date