2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N99000004316

Entity Name: CYPRESS LAKES MANOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8750 LUECK LANE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8750 LUECK LANE
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0941612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
C/O JOSEPH E. ADAMS, ESQ.
14241 METROPOLIS AVE - SUITE 100
FORT MYERS, FL 33912 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: DC ( ) Delete
Name: GRANT, BILL
Address: 8750 LUECK LANE
City-St-Zip: FORT MYERS, FL 33919

Title: DVC ( ) Delete
Name: DELUCCIA, TONY
Address: 8750 LUECK LANE
City-St-Zip: FORT MYERS, FL 33919

Title: DBM ( ) Delete
Name: YODER, LORNA
Address: 8750 LUECK LN
City-St-Zip: FORT MYERS, FL 33919

Title: DBM ( ) Delete
Name: HENDRICKS, VIRGINIA
Address: 8750 LUECK LN
City-St-Zip: FORT MYERS, FL 33919

Title: DBM ( ) Delete
Name: CHAMPA, JAMES
Address: 8750 LUECK LANE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DBM (X) Change ( ) Addition
Name: HENDRICKS, VIRGINIA
Address: 8750 LUECK LN
City-St-Zip: FORT MYERS, FL 33919

Title: DBM (X) Change ( ) Addition
Name: YODER, LORNA
Address: 8750 LUECK LN
City-St-Zip: FORT MYERS, FL 33919

Title: DBM (X) Change ( ) Addition
Name: NESTERUK, JOHN
Address: 8750 LUECK LANE
City-St-Zip: FORT MYERS, FL 33919

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: VIRGINIA HENDRICKS TRSR 01/07/2009

Electronic Signature of Signing Officer or Director — Date