

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N00000006162

Entity Name: CYPRESS GARDENS OF FORT MYERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BOND, SCHOENECK & KING, PLLC  
111 WASHINGTON AVE  
ALBANY, NY 12210

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BOND, SCHOENECK & KING, PLLC  
111 WASHINGTON AVE  
ALBANY, NY 12210

**New Mailing Address:**

FEI Number: 65-1090832      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DRIVE  
SUITE 350  
FORT MYERS, FL 33907 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: RILEY, PATRICK J  
Address: 111 WASHINGTON AVE  
City-St-Zip: ALBANY, NY 12210

Title: D      ( ) Delete  
Name: ALDRICH, JOHN  
Address: 111 WASHINGTON AVE  
City-St-Zip: ALBANY, NY 12210

Title: D      ( ) Delete  
Name: RILEY, CHRISTINE C  
Address: 111 WASHINGTON AVE  
City-St-Zip: ALBANY, NY 12210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: JOHN R. ALDRICH, ESQ.

D

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date