

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2004
Secretary of State**

DOCUMENT# 748015

Entity Name: CYPRESS GATE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SUNBURST MGT CORP
P O BOX 110339
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

C/O SUNBURST CORP
P O BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-2021822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVE.
2073 J & C BLVD
NAPLES, FL 34104 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: DP () Delete
Name: LEVERENZ, MARILYN
Address: 85 ST. ANDREWS BLVD #106
City-St-Zip: NAPLES, FL

Title: DST () Delete
Name: LEFTLY, JEANNETTE
Address: 75 ST. ANDREWS BLVD. #204
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: ZYGNER, WALLACE
Address: 75 ST ANDREWS BLVD, #202
City-St-Zip: NAPLES, FL

Title: DVP () Delete
Name: BOND, WILLIAM
Address: 95 ST ANDREWS BLVD #109
City-St-Zip: NAPLES, FL

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARILYN LEVERENZ

DP

04/19/2004

Electronic Signature of Signing Officer or Director

Date