


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90277 024 \*\*\*\*61.25

**DOCUMENT # 748015**

1. Entity Name  
**CYPRESS GATE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O SUNBURST MGT CORP  
 P O BOX 110339  
 NAPLES, FL 34108 US**

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

14001111



2. Principal Place of Business  
**463 SOUTH FLORIDA BUSINESS SERVICES  
 Suite, Apt. #, etc.  
 463 TORREY PINES POINT  
 City & State  
 NAPLES, FL.  
 Zip  
 34113  
 Country  
 USA**

3. Mailing Address  
**463 SOUTH FLORIDA BUSINESS SERVICES  
 Suite, Apt. #, etc.  
 463 TORREY PINES POINT  
 City & State  
 NAPLES, FL.  
 Zip  
 34113  
 Country  
 USA**

04162005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2021822**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KUETER, BEVERLY  
 4306 ARNOLD AVE.  
 2073 J & C BLVD  
 NAPLES, FL 34104**

7. Name and Address of New Registered Agent  
 Name **GEORGE FOREMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**463 TORREY PINES POINT**  
 City **NAPLES** **FL** Zip Code **34113**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *George Foreman* **George Foreman, Director** **4-26-2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVERENZ, MARILYN 85 ST. ANDREWS BLVD #106 NAPLES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DP</del> LEFTLY, JEANNETTE 75 ST. ANDREWS BLVD. #204 NAPLES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZYGNER, WALLACE 75 ST ANDREWS BLVD, #202 NAPLES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOND, WILLIAM 95 ST ANDREWS BLVD #109 NAPLES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAVALLONE, ROSE 75 ST. ANDREWS BLVD, #202 NAPLES, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTERS, JACK 95 ST. ANDREWS BLVD. #210 NAPLES, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREMAN, GEORGE 463 TORREY PINES POINT NAPLES, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George Foreman* **George Foreman** **4-26-2005** **239-643-7647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #