


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90197 002 \*\*\*\*61.25

**DOCUMENT # 748015**  
 1. Entity Name  
 CYPRESS GATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 C/O SOUTH FLORIDA BUSINESS SERVICES  
 463 TORRY PINES POINT  
 NAPLES, FL 34113 US

Mailing Address  
 C/O SOUTH FLORIDA BUSINESS SERVICES  
 463 TORRY PINES POINT  
 NAPLES, FL 34113 US



2. Principal Place of Business  
 C/O Sandcastle Community Mgmt.  
 Suite, Apt. #, etc.  
 P.O. Box 8478

3. Mailing Address  
 C/O Sandcastle Community Mgmt.  
 Suite, Apt. #, etc.  
 P.O. Box 8478

01182006 Chg-NP CR2E037 (11/05)

City & State  
 Naples, FL

City & State  
 Naples, FL

4. FEI Number  
 59-2021822

Applied For  
 Not Applicable

Zip  
 34101

Country  
 USA

Zip  
 34101

Country  
 USA

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

6. Name and Address of Current Registered Agent  
 FOREMAN, GEORGE  
 463 TORREY PINES POINT  
 NAPLES, FL 34113

7. Name and Address of New Registered Agent  
 Name Nancy Winkler  
 Street Address (P.O. Box Number is Not Acceptable)  
 C/O Sandcastle Community Mgmt.  
 1719 Trade Center Way Suite #4  
 City Naples FL Zip Code 34109

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAVALLONE, ROSE 75 ST ANDREWS BLVD, # 202 NAPLES, FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEFTLY, JEANNETTE 75 ST. ANDREWS BLVD. #204 NAPLES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZYGNER, WALLACE 75 ST ANDREWS BLVD, #202 NAPLES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOND, WILLIAM 95 ST ANDREWS BLVD #109 NAPLES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DQ CENTERS, JACK 95 ST ANDREWS BLVD, # 210 NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREMAN, GEORGE 463 TORREY PINES COURT NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ernest J. Stumba 95 St. Andrews Blvd. #310 Naples, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Lisa Miller 75 St. Andrews Blvd #101 Naples, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Centers 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 Barbara Rich 95 St. Andrews Blvd #112 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:**  **4-25-06** **239-596-7200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #