


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90171 036 \*\*\*\*61.25

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



Principal Place of Business  
 C/O SANDCASTLE COMMUNITY MGMT  
 POB 8478  
 NAPLES, FL 34101 US

Mailing Address  
 C/O SANDCASTLE COMMUNITY MGMT  
 POB 8478  
 NAPLES, FL 34101 US


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**C. Name and Address of Current Registered Agent**  
 WINKLER, NANCY  
 C/O SANDCASTLE COMMUNITY MGMT  
 1719 TRADE CTR WAY STE 4  
 NAPLES, FL 34109

4000



03212007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-2021822

Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 Nancy Winkler NANCY WINKLER 4/5/07  
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, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAVALLONE, ROSE 75 ST ANDREWS BLVD, # 202 NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUMBO, ERNEST J 95 ST ANDREWS BLVD 310 NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, LISA 75 ST ANDREWS BLVD 101 NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTERS, JACK 95 ST ANDREWS BLVD 210 NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, BARBARA 95 ST ANDREWS BLVD 112 NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREMAN, GEORGE 463 TORREY PINES COURT NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	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 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 an other like empowered.

**SIGNATURE:** [Signature] 4/6/07 239-596-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #