

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90098 006 \*\*\*\*61.25

0063957

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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  
C/O SIUNBURST MGT CORP  
~~2079 J & C BLVD~~  
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4306 ARNOLD Ave.**  
City **NAPLES** FL Zip Code **34104**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	<del>BY</del> <b>LEVERENZ, MARILYN</b> <b>85 ST. ANDREWS BLVD #106</b> <b>NAPLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>BT</del> <del>JAGEL, WILLIAM</del> <del>75 ST ANDRES BLVD #102</del> <del>NAPLES FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>BP</del> <del>WINTERTON, VERN</del> <del>75 ST. ANDREWS BLVD., #100</del> <del>NAPLES FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>BC</del> <del>GOFF, RALPH</del> <del>75 ST. ANDREWS BLVD #103</del> <del>NAPLES FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>TUMBAG, DAVID</del> <del>75 ST ANDREWS BLVD, #202</del> <del>NAPLES FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <b>BOND, WILLIAM</b> <b>95 ST ANDREWS BLVD #109</b> <b>NAPLES FL</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D,P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D,S,T</b> <b>Lefty, JEANNETTE</b> <b>75 ST. ANDREWS BLVD. #204</b> <b>NAPLES, FL</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZYGNER, WALLACE</b> <b>75 ST. ANDREWS BLVD. #203</b> <b>NAPLES, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D,VP</b>	<input checked="" 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: Marilyn Leverenz **MARILYN LEVERENZ** 4-15-03 239-263-7403

CR2E037 (10/02)