


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

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90026 023 \*\*\*\*61.25

<b>DOCUMENT # 759274</b>					
1. Entity Name CYPRESS POINT VILLAS ASSOCIATION, INC.					
Principal Place of Business % HAWK-EYE MANAGEMENT 3901 N FEDERAL HIGHWAY, STE 202 BOCA RATON, FL 33431			Mailing Address % HAWK-EYE MANAGEMENT 3901 N FEDERAL HIGHWAY, STE 202 BOCA RATON, FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PATTI, PAUL N. %HAWK-EYE MANAGEMENT 3901 N FEDERAL HIGHWAY, STE 202 BOCA RATON, FL 33431				Name	
				Street Address (P.O. Box Numbers Not Accepted)	
				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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNFIELD, SHELDON			NAME	
STREET ADDRESS	20531 LINKSVIEW DRIVE			STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON, FL 33434			CITY, ST, ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, BENJAMIN			NAME	MONKARSH, WILLIAM M
STREET ADDRESS	20515 LINKSVIEW DR			STREET ADDRESS	20499 LINKSVIEW DRIVE
CITY, ST, ZIP	BOCA RATON, FL 33434			CITY, ST, ZIP	BOCA RATON, FL 33434
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAU, ARTHUR			NAME	
STREET ADDRESS	20555 LINKSVIEW WAY			STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON, FL 33434			CITY, ST, ZIP	
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOTSKY, ARNOLD			NAME	REYER, CORINNE
STREET ADDRESS	20466 LINKSVIEW DR			STREET ADDRESS	20493 LINKSVIEW WAY
CITY, ST, ZIP	BOCA RATON, FL 33434			CITY, ST, ZIP	BOCA RATON, FL 33434
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLPOV, ROZ			NAME	
STREET ADDRESS	20525 LINKSVIEW DR			STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON, FL 33434			CITY, ST, ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY, ST, ZIP				CITY, ST, ZIP	
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 included 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 a "other" like empowered.					
SIGNATURE: <u>Sheldon B. Cornfield</u> <u>SHELDON B CORNFIELD</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

4000



01052006 Chg-NP CR2E037 (11/05)

4. FCI Number  
59-2164750

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

Name	
Street Address (P.O. Box Numbers Not Accepted)	
City	
FL	Zip Code

**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		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/> Delete
NAME	CORNFIELD, SHELDON	
STREET ADDRESS	20531 LINKSVIEW DRIVE	
CITY, ST, ZIP	BOCA RATON, FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KATZ, BENJAMIN	
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CITY, ST, ZIP	BOCA RATON, FL 33434	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLAU, ARTHUR	
STREET ADDRESS	20555 LINKSVIEW WAY	
CITY, ST, ZIP	BOCA RATON, FL 33434	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SCHOTSKY, ARNOLD	
STREET ADDRESS	20466 LINKSVIEW DR	
CITY, ST, ZIP	BOCA RATON, FL 33434	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOLPOV, ROZ	
STREET ADDRESS	20525 LINKSVIEW DR	
CITY, ST, ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MONKARSH, WILLIAM M		
STREET ADDRESS	20499 LINKSVIEW DRIVE		
CITY, ST, ZIP	BOCA RATON, FL 33434		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REYER, CORINNE		
STREET ADDRESS	20493 LINKSVIEW WAY		
CITY, ST, ZIP	BOCA RATON, FL 33434		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

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SIGNATURE: Sheldon B. Cornfield SHELDON B CORNFIELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR