

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90203 025 ****61.25

DOCUMENT # 759274 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 - No P.O. Box #		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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORNFIELD, SHELDON		NAME	BLECHMAN, HOWARD	
STREET ADDRESS	20531 LINKSVIEW DRIVE		STREET ADDRESS	20533 LINKSVIEW DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONKARSH, WILLIAM		NAME		
STREET ADDRESS	20499 LINKSVIEW WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAU, ARTHUR		NAME	BLAU, ARTHUR	
STREET ADDRESS	20555 LINKSVIEW WAY		STREET ADDRESS	20555 LINKSVIEW WAY	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYER, CORINNE		NAME		
STREET ADDRESS	20493 LINKSVIEW WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
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 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: <i>Arthur M. Blau, Pres</i>			4/18/07 561 479 2921		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		