2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007551

FILED Apr 21, 2007 Secretary of State

Entity Name: CYPRESS COVE A AT GRANDEZZA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% EAGLE PROPERTY MANAGEMENT OF SW FL, INC. 1337 EGRETS LANDING #102 NAPLES, FL 34108

Current Mailing Address:

New Mailing Address:

P.O. BOX 112260 NAPLES, FL 34108 COLLIER FINANCIAL, INC. 4985 TAMIAMI TRAIL E. NAPLES, FL 34113

FEI Number: 59-3739014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLANCHARD, JOHN B % EAGLE PROPERTY MANAGEMENT OF SW FL, INC. 1337 EGRETS LANDING #102 NAPLES, FL 34108 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 D (X) Change () Addition

 Name:
 CLARK, CARL
 Name:
 CLARK, CARL

 Address:
 20106 BUTTERMERE CT.
 Address:
 20106 BUTTERMERE CT.

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:
 ESTERO, FL 33928

Title: () Delete Title: (X) Change () Addition KINSELLA, THOMAS Name: KINSELLA, THOMAS Name: Address: 20071 BUTTERMERE CT. Address: 20071 BUTTERMERE CT. City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: TD () Delete Title: () Change () Addition

 Name:
 VOLKAN, ARA
 Name:

 Address:
 20147 BUTTERMERE CT.
 Address:

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 WULBER, SUSAN
 Name:

 Address:
 20037 BUTTERMERE CT.
 Address:

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:

 Name:
 GASSER, DEAN
 Name:
 GASSER, DEAN

 Address:
 20153 BUTTERMERE CT.
 Address:
 20153 BUTTERMERE CT.

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:
 ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS KINSELLA PD 04/21/2007