


**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Amended *lofz*

DOCUMENT # N02000003872

1. Entity Name
CYPRESS CAY PROPERTY ASSOCIATION, INC.



FILED
04 OCT 13 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3640 AIRPORT ROAD
BUILDING 12 - #1A
BOCA RATON, FL 33431 US

Mailing Address
P.O. BOX 811987
BOCA RATON, FL 33481-1987 US



2. Principal Place of Business
MMI OF THE GULF COAST
Suite, Apt. #, etc.
28731 SOUTH CAROL CT #6
City & State
BONITA SPRINGS, FL
Zip
34120
Country
USA

3. Mailing Address
MMI
Suite, Apt. #, etc.
14275 SW 142nd Ave
City & State
Miami FL
Zip
33186
Country
USA

08102004 Chg-NP CR2E037 (10/03)

4. FEI Number
03-0488007
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KINSEY, JOHN T
P.O. BOX 811987
BOCA RATON, FL 33481-1987
ADAMS, Joseph
14241 METROPOLIS AVE
SUITE 100
FORT MYERS, FL
33912

7. Name and Address of New Registered Agent
Name
ADAMS, Joseph
Street Address (P.O. Box Number is Not Acceptable)
14241 METROPOLIS AVE #100
City
FT MYERS FL
Zip Code
33912

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

700041911717
10/12/04 - 0103/10/04 **\$61.25
DATE

Amended AR 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	P/D	Delete
KINSEY, JOHN T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P.O. BOX 811987		
BOCA RATON, FL 334811987		
GRAFF, DEBRA A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P.O. BOX 811987		
BOCA RATON, FL 334811987		
KINSEY, SUSAN M	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P.O. BOX 811987		
BOCA RATON, FL 334811987		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Change	Addition
Tony Chin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11200 CYPRESS TREE CIRCLE		
FORT MYERS, FL 33913		
Kevin White	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11360 LAKE CYPRESS LOOP		
FORT MYERS, FL 33913		
CHRISTOPHER IMPROTA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11398 LAKE CYPRESS LOOP		
FORT MYERS, FL 33913		
PRES, D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ANGELA BERNHAUSER		
11428 LAKE CYPRESS LOOP		
FORT MYERS, FL 33913		
BRAD BUFFINGTON	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13404 BRISTOL PARKWAY		
FORT MYERS, FL 33913		
PETER GRAFFITH	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11433 LAKE CYPRESS LOOP		
FORT MYERS, FL 33913		

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/23/04
Daytime Phone #

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P LUIS COMMISSO 11493 LAKE CYPRESS LOOP FORT MYERS, FL. 33913
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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RECTOR	Date	Daytime Phone #
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