


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003872					
1. Entity Name CYPRESS CAY PROPERTY ASSOCIATION, INC.					
Principal Place of Business MMI OF THE GULF COAST 28731 SOUTH CARGO COURT, #6 BONITA SPRINGS FL 34120 US		Mailing Address MMI 14275 SW 142ND AVENUE MIAMI FL 33186-1987 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0488007 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent ADAMS, JOSEPH 14241 METROPOLIS AVENUE #100 FT. MYERS FL 33912			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000271732 03/21/05-80057-013 61.25	
NAME	CHIN, TONY	NAME			
STREET ADDRESS	11200 CYRESS TREE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33913	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, KEVIN	NAME			
STREET ADDRESS	11360 LAKE CYPRESS LOOP	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33913	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IMPROTA, CHRISTOPHER	NAME			
STREET ADDRESS	11398 LAKE CYPRESS LOOP	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33913-1987	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERNHAUSER, ANGELA	NAME			
STREET ADDRESS	11428 LAKE CYPRESS LOOP	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33913	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUFFINGTON, BRAD	NAME			
STREET ADDRESS	13404 VRISTAL PARKWAY	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33513	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COMMISSO, LUIS	NAME			
STREET ADDRESS	11493 LAKE CYPRESS LOOP	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33913	CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Anthony X. Chin, President** 2/25/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #