2006 NOT-FOR-PROFIT CORPORATION

## RECE

## **FILED**

|  | ANNUAL RI                                      | EPORT (AR)                        |                               | <u>- FEB 7 Mar 21, 2006 8:00 am</u>  |
|--|--|-----------------------------------|-------------------------------|--|
| DOCUMENT # N02000003872 Secretary of State   |  |                                   |                               |  |
| CYPRESS CAY PROPERTY ASSOCIATION, INC.   |  |                                   |                               | 03-21-2006 90024 021 ****61.25   |
| Principal Place of Business Mailing Address  |  |                                   |                               |  |
| CORNERSTONE ASSOCIATION MANAGEMENT, I CORNERSTONE ASSOCIATION 8359 BEACON BLVD., SUITE 409 FT. MYERS FL 33907 US US  |  |                                   |                               | GEMENT, I  |
| 2. Principal Place of Business   |  | 3. Mailing Address                |                               | 1   12574EF 24 6372  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.               |                               | 1st MOORE CR2E037 (10/05)  |
| City & State   |  | City & State                      |                               | 4. FEI Number Applied For Not Applied For Not Applied For  |
| Zip  | Country  | Zip                               | Country                       | 5. Certificate of Status Desired S8.75 Additional Fee Required                                       |
|  | 6. Name and Address of Current I               | Registered Agent                  |                               | 7. Name and Address of New Registered Agent  |
| ADAMS, JOSEPH<br>14241 METROPOLIS AVENUE #100<br>FT. MYERS FL 33912  |  |                                   |                               | nerStone Association Mgt. Inc.  Address B. Box Number Blvd, Sceptage) te 417  Beacon Blvd, Suite 417 |
|  |  |                                   | P. J.                         | Myers FL 33907   |
| 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 Many X. Massay 3/4/06  |  |                                   |                               |  |
| Signature, typed or profiled name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  |  |                                   |                               |  |
|  | FILE NOW: FEE IS \$61.25<br>Due By May 1, 2006 | 9. Election Camp<br>Trust Fund Co |                               | S5.00 May Be Added to Fees Make Check Payable to Florida Department of State                         |
| 10.  | OFFICERS AND DIF                               | RECTORS                           | 11.                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |
| TITLE  | PD   | Delete                            | TITLE                         | T D □ Change 🔀 Addition  |
| NAME<br>STREET ADDRESS   | BUFFINGTON, BRAD<br>13404 VISTRAL PARKWAY      |                                   | NAME<br>STREET ADDRESS        | 13421 Hampton Park Court   |
| CITY-ST-ZIP  | FT. MYERS FL 33913                             |                                   | CITY-ST-ZIP                   | FT. MYEIS, FL 33913  |
| TITLE  | SD   | ☐ Delete                          | TITLE                         | PTD X Change Addition  |
| NAME   | NELSON, CAROL                                  |                                   | NAME                          |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 13451 HAMPTON PARK COURT<br>FT. MYERS FL 33913 |                                   | STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE  | D  | ☐ Delete                          | TITLE                         | VD Addition  |
| NAME   | RANDAZZO, SAM                                  |                                   | NAME                          |  |
| STREET ADDRESS CITY-ST-ZIP   | 13520 CYPRESS HEAD DRIVE<br>FT. MYERS FL 33913 |                                   | STREET ADDRESS CITY-ST-ZIP    |  |
| TITLE  | D  | ☐ Delete                          | TITLE                         | 5°D  |
| NAME   | HENRY, CHRISTA                                 | E boloic                          | NAME                          | ,  |
| STREET ADDRESS   | 11538 LAKE CYPRESS LOOP                        |                                   | STREET ADDRESS                |  |
| CITY-ST-ZIP  | FT. MYERS FL 33913                             | ~                                 | CITY-ST-ZIP                   |  |
| TITLE<br>NAME  | DONLAN, FRANCESCA                              | 🔼 Delete                          | TITLE<br>NAME                 | Tohn masteres   Change   Addition  |
| STREET ADDRESS   | 13391 BRISTOL PARKWAY                          |                                   |                               | John MASTERS Change Addition 13309 HAMPTON PAIK  |
| CITY-ST-ZIP  | FT. MYERS FL 33513                             |                                   | CITY-ST-ZIP                   | Ft. Myers, FL 33913  |
| TITLE  |  | ☐ Delete                          | TITLE                         | D □ Change □ Addition  |
| NAME<br>STREET ADDRESS   |  |                                   | NAME<br>STREET ADDRESS        | Ft. Myers, FL 33913  D RAYMAN HASSAD 13458 HAMPTON PARK CT   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

F1. MYEIS, FL 33913

CITY-ST-ZIP

**SIGNATURE**