
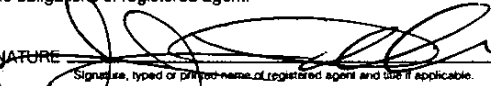



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90072 045 ****61.25

DOCUMENT # N02000003872			
1. Entity Name CYPRESS CAY PROPERTY ASSOCIATION, INC.			
Principal Place of Business CORNERSTONE ASSOCIATION MANAGEMENT, INC. 8359 BEACON BLVD., SUITE 409 FT. MYERS, FL 33907 US		Mailing Address CORNERSTONE ASSOCIATION MANAGEMENT, INC. 8359 BEACON BLVD., SUITE 409 FT. MYERS, FL 33907 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 15600 CATALPA COVE DR.		3. Mailing Address Suite, Apt. #, etc. 15600 CATALPA COVE DR.	
City & State FORT MYERS, FL 33908		City & State FORT MYERS, FL	
Zip 33908	Country LEE	Zip 33908	Country LEE
6. Name and Address of Current Registered Agent CORNERSTONE ASSOCIATION MGMT., INC. 8359 BEACON BLVD, SUITE 417 FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name: JAMES J. WALKER Street Address (P.O. Box Number is Not Acceptable): 15600 CATALPA COVE DR. City: FORT MYERS FL Zip Code: 33908	
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:  DATE: 3-14-07 (NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, KIM 13427 HAMPTON PARK COURT FT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUE DOIRON 13440 HAMPTON PARK CT. FT. MYERS, FL. 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NELSON, CAROL 13451 HAMPTON PARK COURT FT. MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYNE, MIKE 11272 CYPRESS TREE CIRCLE FT. MYERS, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RANDAZZO, SAM 13520 CYPRESS HEAD DRIVE FT. MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RANDAZZO, SAM 13520 CYPRESS HEAD DR. FT MYERS, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENRY, CHRISTA 11538 LAKE CYPRESS LOOP FT. MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, MICHELLE 13436 BRISTOL PARK WAY FT. MYERS, FL. 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, JOHN 13309 HAMPTON PARK FT MYERS, FL 33913 <input type="checkbox"/> Delete VP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASTERS, JOHN 13309 HAMPTON PARK FT. MYERS, FL. 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSAD, RAYMAN 13458 HAMPTON PARK CT FT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 898 6405 Daytime Phone #	