2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90128 005 ****61.25

DOCUMENT # N17503

1. [illegible]
CYPRESS KEEP CONDOMINIUM ASSOCIATION, INC.

[illegible]	[illegible]
9411 CYPRESS LAKE DR SUITE 2 FT MYERS, FL 33919 US	9411 CYPRESS LAKE DR SUITE 2 FT MYERS, FL 33919 US

04062005 Chg-NP CR2E037 (10/03)

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 59-2773863 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GELLES, ROBERT C/O SCHOO MANAGEMENT INC. 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919	[illegible] [illegible] [illegible] [illegible] **FL** [illegible]

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

Filing Fee is $61.25
Due by May 1, 2005

9. [illegible] ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. [illegible]		11. [illegible]	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KATZAGA, EILEEN 13680 RALEIGH LN H3 FORT MYERS, FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Eileen Katzaga 13680 Raleigh Lane H3 Fort Myers, FL 33919 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DYKSTRA, ROBERT 13660 ABBEY DRIVE E5 FORT MYERS, FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Robert Dykstra 13660 Abbey Drive E5 Fort Myers, FL 33919 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KEGLER, EARL 13670 ABBEY DRIVE F3 FT. MYERS, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MALLOY, JANET 13690 RALEIGH LN J2 FORT MYERS, FL 33919 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STAHLHUT, BOBBY G 13704 RALEIGH LANE M1 FT MYERS, FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bob Stahlhut 13704 Raleigh Lane M1 Fort Myers, FL 33919 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, DARREN 13660 ABBEY DRIVE E1 FORT MYERS, FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Darren White 13660 Abbey Road E1 Fort Myers, FL 33919 ☒ Change ☐ Addition

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] Bob Stahlhut 4-12-05 481-4700 (239)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone