

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90016 009 ****61.25

40117636



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2773863
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N17503

1. Entity Name
CYPRESS KEEP CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
9411 CYPRESS LAKE DR
SUITE 2
FT MYERS, FL 33919 US

Mailing Address
9411 CYPRESS LAKE DR
SUITE 2
FT MYERS, FL 33919 US

2. Principal Place of Business - No P.O. Box #
C/O APEX MANAGEMENT

3. Mailing Address
C/O APEX MANAGEMENT

Suite, Apt. #, etc. #6

Suite, Apt. #, etc.

13611 MC GREGOR BLVD

13611 MC GREGOR BLVD #6

City & State
FORT MYERS FL

City & State
FORT MYERS FL

Zip 33919 Country US

Zip 33919 Country US

6. Name and Address of Current Registered Agent

GELLES, ROBERT
C/O SCHOO MANAGEMENT INC.
9411-2 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name
APEX MANAGEMENT SERVICES
Street Address (P.O. Box Number is Not Acceptable)
13611 MC GREGOR BLVD #6
City
FORT MYERS FL Zip Code
33919

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 Grace J. Murray GRACE J. MURRAY 5-7-07
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, 2007

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 D
NAME KATZAGA, EILEEN
STREET ADDRESS 13680 RALEIGH LN H3
CITY-ST-ZIP FORT MYERS, FL 33919 ☒ Delete

TITLE D
NAME DYSTRA, ROBERT
STREET ADDRESS 13660 ABBEY DR E5
CITY-ST-ZIP FORT MYERS, FL 33919 ☐ Delete

TITLE TD
NAME KEGLER, EARL
STREET ADDRESS 13670 ABBEY DRIVE F3
CITY-ST-ZIP FT. MYERS, FL ☒ Delete

TITLE P
NAME STAHLHUT, ROBERT
STREET ADDRESS 13704 RALEIGH LN M1
CITY-ST-ZIP FORT MYERS, FL 33919 ☒ Delete

TITLE VD
NAME WHITE, DARREN
STREET ADDRESS 13660 ABBEY DRIVE E1
CITY-ST-ZIP FORT MYERS, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MC CLEARY, LEE
STREET ADDRESS 13694 RALEIGH LN K4
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME KAHRMANN, DONALD
STREET ADDRESS 13690 RALEIGH LN J1
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Change ☒ Addition

TITLE SD
NAME NAYLOR, CHRISTINA
STREET ADDRESS 13660 ABBEY DR B4
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Change ☒ Addition

TITLE TD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Darren White DARREN WHITE, TREAS. (239) 437-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #