

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90044 040 ****61.25

DOCUMENT # N17503 1. Entity Name CYPRESS KEEP CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O APEX MGMT 13611 MCGREGOR BLVD. #6 FT MYERS, FL 33919 US			Mailing Address C/O APEX MGMT 13611 MCGREGOR BLVD. #6 FT MYERS, FL 33919 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2773863	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
APEX MGMT STERVICES 13611 MCGREGOR BLVD. #6 FORT MYERS, FL 33919				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 reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLEARY, LEE		NAME	13694 RALEIGH LN K4	
STREET ADDRESS	13964 RALEIGH LN. K4		STREET ADDRESS	13694 RALEIGH LN K4	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	13694 RALEIGH LN K4	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYSTRA, ROBERT		NAME	DYKSTRA, ROBERT	
STREET ADDRESS	13660 ABBEY DR E5		STREET ADDRESS	DYKSTRA, ROBERT	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	DYKSTRA, ROBERT	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHRMANN, DONALD		NAME	KAHRMANN, DONALD	
STREET ADDRESS	13690 RALEIGH LN J1		STREET ADDRESS	KAHRMANN, DONALD	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	KAHRMANN, DONALD	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYLOR, CHRISTINA		NAME	13660 ABBEY DR E4	
STREET ADDRESS	13660 ABBEY DR. B4		STREET ADDRESS	13660 ABBEY DR E4	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, DARREN		NAME	13660 ABBEY DR E1	
STREET ADDRESS	13660 ABBEY DRIVE E1		STREET ADDRESS	13660 ABBEY DR E1	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	13660 ABBEY DR E1	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/14/08 (299) 437-8400		