


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90040 002 ****61.25

DOCUMENT # N17804			
1. Entity Name CYPRESS POINT OWNERS ASSOCIATION, INC.			
Principal Place of Business 6500 MARINER SANDS DRIVE STUART, FL 34997-8723		Mailing Address 6500 MARINER SANDS DRIVE STUART, FL 34997-8723	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>1111 SE Federal Hwy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 100</i>	
City & State		City & State <i>STUART, FL</i>	
Zip	Country	Zip	Country
<i>34994</i>		<i>34994</i>	
4. FEI Number 59-2789787		Applied For Not Applicable	
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	
Name		<i>ADVANTAGE PROPERTY MANAGEMENT LLC</i>	
Street Address (P.O. Box Number is Not Acceptable)		<i>1111 SE FEDERAL HIGHWAY</i>	
City		<i>STUART</i>	
State		FL	
Zip Code		<i>34994</i>	
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 <i>Lawrence A. Kest</i>		DATE <i>3/26/08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	P <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, NORMAN	NAME	<i>Norman Wells</i>
STREET ADDRESS	6500 MARINER SANDS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, SALLY	NAME	
STREET ADDRESS	6500 MARINER SANDS DR.	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, KEN	NAME	
STREET ADDRESS	6500 MARINER SANDS DR	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINTZ, RICHARD	NAME	<i>CORASH, Robert</i>
STREET ADDRESS	6500 MARINER SANDS DR.	STREET ADDRESS	<i>6415 PACIFIC DRIVE</i>
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	<i>STUART, FL 34997</i>
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Dwyer, Maureen</i>
STREET ADDRESS		STREET ADDRESS	<i>6780 PACIFIC DRIVE</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>STUART, FL 34997</i>
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: <i>Harold A. Price</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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