

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N48636
 1. Entity Name
 THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 8651 TREASURE CAY LANE ORLANDO, FL 32836	Mailing Address P.O. BOX 540669 MERRITT ISLAND, FL 32954-0669 US
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05242006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3141099	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 BECKER & POLIAKOFF, P.A.
 ATTN: C. JOHN CHRISTENSEN
 2500 MAITLAND CENTER PARKWAY, SUITE 209
 MAITLAND, FL 32751

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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 _____
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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILKS, DON 8651 TREASURE CAY LANE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THIMES, CHRIS 38 MYRTLE AVENUE LEBANON, NJ 08833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHASE, JOHN 12 MARILYN DR ROCHESTER, NY 14626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, RALPH 3317 HWY 63 BLOOMFIELD, IA 52537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALIPERTI, MICHAEL 13 NORTH LANE LOUDONVILLE, NY 12211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/31/06-80002-021 61.25

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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: *John Christensen* 5-23-06 407-597-3097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/imo Phone #