

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002001

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: CYPRESS POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O NEWELL PROPERTY MGMT.  
5435 JAEGER RD. #4  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NEWELL PROPERTY MGMT.  
5435 JAEGER RD. #4  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 65-0674114      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWELL, WILLIAM  
5435 JAEGER RD. #4  
NAPLES, FL 34109    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOMBARDI, PETER  
Address: 7768 NAPLES HERITAGE DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: VD ( ) Delete  
Name: HARRIS, BARBARA  
Address: 7718 NAPLES HERITAGE DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: STD ( ) Delete  
Name: DOERY, ARNOLD  
Address: 7698 NAPLES HERITAGE DRIVE  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: FRANQUIN, ANDRE  
Address: 7759 NAPLES HERITAGE DRIVE  
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER LOMBARDI

PD

01/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date