

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002001

FILED
Mar 08, 2007
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: EITEL, MARY
Address: 7779 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

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

Title: D () 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: VD (X) Change () Addition
Name: RHOADES, HELEN
Address: 7826 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: STD (X) Change () Addition
Name: WARREN, RUFFORD
Address: 7694 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 Chapter 119, 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: MARY EITEL

PD

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date