

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90207 007 ****61.25

DOCUMENT # N96000002001



1. Entity Name
CYPRESS POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~GULF COAST MANAGEMENT SERVICES, INC.~~ ~~GULF COAST MANAGEMENT SERVICES, INC.~~
~~10060 AMBERWOOD RD, STE 4~~ ~~10060 AMBERWOOD RD, STE 4~~
~~FORT MYERS FL 33913~~ ~~FORT MYERS FL 33913~~



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
clo Newell Property Mgmt **clo Newell Property Mgmt**

4. FEI Number **65-0674114** Applied For
Not Applicable

City & State City & State
Naples FL **Naples FL**

Zip Country Zip Country
34109 USA **34109 USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAYDEN, KEN
GULF COAST MANAGEMENT
10060 AMBERWOOD ROAD, SUITE 4
FORT MYERS FL 33913

7. Name and Address of New Registered Agent
Newell, William
Street Address (P.O. Box Number is Not Acceptable)
5435 Saeger Rd #4
Naples FL 34109

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 **William Newell** DATE **4/7/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$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
NAME	DOERY, ARNOLD	
STREET ADDRESS	7698 NAPLES HERITAGE DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TODA, GEORGE	
STREET ADDRESS	10060 AMBERWOOD RD, STE 4	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	STD	<input type="checkbox"/> Delete
NAME	THOMPSON, GRANVILLE	
STREET ADDRESS	10060 AMBERWOOD RD, STE 4	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lombardi, Peter	
STREET ADDRESS	7768 Naples Heritage Drive	
CITY-ST-ZIP	Naples FL 34112	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doery, Arnold	
STREET ADDRESS	7698 Naples Heritage Drive	
CITY-ST-ZIP	Naples FL 34112	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harris, Barbara	
STREET ADDRESS	7718 Naples Heritage Drive	
CITY-ST-ZIP	Naples FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Peter Lombardi** DATE: **2-6-03** TELEPHONE: **239-793-1417**

CR2E037 (10/02)