

**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**
Suite, Apt. #, etc. Suite, Apt. #, etc.
5435 Saeger Rd #4 **5435 Saeger Rd #4**
City & State City & State
Naples FL **Naples FL**
Zip Country Zip Country
34109 USA **34109 USA**

4. FEI Number **65-0674114** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MAYDEN, KEN **Newell, William**
GULF COAST MANAGEMENT **5435 Saeger Rd #4**
10060 AMBERWOOD ROAD, SUITE 4 **Naples FL 34109**
FORT MYERS FL 33913

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	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DOERY, ARNOLD		NAME Lombardi, Peter	
STREET ADDRESS 7698 NAPLES HERITAGE DRIVE		STREET ADDRESS 7768 Naples Heritage Drive	
CITY-ST-ZIP NAPLES FL 34112		CITY-ST-ZIP Naples FL 34112	
TITLE VD	<input type="checkbox"/> Delete	TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TODA, GEORGE		NAME Doery, Arnold	
STREET ADDRESS 10060 AMBERWOOD RD, STE 4		STREET ADDRESS 7698 Naples Heritage Drive	
CITY-ST-ZIP FORT MYERS FL 33913		CITY-ST-ZIP Naples FL 34112	
TITLE STD	<input type="checkbox"/> Delete	TITLE STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, GRANVILLE		NAME Harris, Barbara	
STREET ADDRESS 10060 AMBERWOOD RD, STE 4		STREET ADDRESS 7718 Naples Heritage Drive	
CITY-ST-ZIP FORT MYERS FL 33913		CITY-ST-ZIP Naples FL 34112	
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	
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	
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 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)