


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90078 033 ****61.25

DOCUMENT # N96000005697			
1. Entity Name CYPRESS POINTE NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020 US		Mailing Address 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020 US	
2. Principal Place of Business Miami Management Suite, Apt. #, etc. 1145 Sawgrass Corp Pkwy City & State Sunrise, FL Zip 33323 Country Broward		3. Mailing Address Miami Management Suite, Apt. #, etc. 1145 Sawgrass Corp Pkwy City & State Sunrise, FL Zip 33323 Country Broward	
4. FEI Number 59-2031220		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLODAK, EDWARD F ESQ TUCKER & TIGHE, P.A. 800 E. BROWARD BLVD., SUITE 505 FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Lora Howe, Esq. Street Address (P.O. Box Number is Not Acceptable) Tucker & Tighe, P.A. 800 E. Broward Blvd, Suite 700 City Ft. Lauderdale FL Zip Code 33301	
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 <i>L. Howe</i> DATE <i>3/14/05</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATISTA, JOHN 820 CYPRESS POINTE DRIVE EAST PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Durant 1145 Sawgrass Corp Pkwy Sunrise FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERNANDEZ, MARILYN 800 CYPRESS POINTE DR WEST PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Tom Cassady 1145 Sawgrass Corp Pkwy Sunrise FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FABRICIUS, VALENTINE 620 CYPRESS POINTE DR. WEST PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, JACKIE 821 CYPRESS POINTE DR. WEST PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sam Johnson 1145 Sawgrass Corp Pkwy Sunrise, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jackie Fernandez</i>		DATE: <i>2/26/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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