


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90028 017 ****61.25

DOCUMENT # N96000005697

1. Entity Name
CYPRESS POINTE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
MIAMI MANAGEMENT
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

Mailing Address
MIAMI MANAGEMENT
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.


City & State
 Zip Country

4. FEI Number
59-2031220

Applied For
 Not Applicable

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

01242006 Chg-NP CR2E037 (11/05)



6. Name and Address of Current Registered Agent

HOWE, LORA ESQ.
TUCKER & TIGHE, P.A.
800 E. BROWARD BLVD., SUITE 700
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

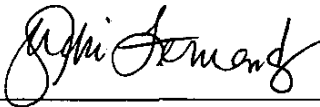
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP DURANT, MICHAEL 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <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	S CASSADY, TOM 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard M. Sackett 740 Cypress Pointe Dr. West Pembroke Pines, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FABRICIUS, VALENTINE 620 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	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	D JOHNSON, SAM 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **as Pres.** Date: **2/11/06** Daytime Phone #: **954-309-6077**