

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90103 009 \*\*\*\*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 - No P.O. Box #  
 Phoenix Management Services  
 4800 N. State Rd. 7, Suite 105  
 Lauderdale Lakes, FL 33319

3. Mailing Address  
 Suite, Apt. #, etc.  
 ← **SAME AS**  
 City & State

Zip Country  
 \_\_\_\_\_ **U.S.A.** \_\_\_\_\_

04062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2031220** Applied For  
 Not Applicable

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



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

Filing Fee is **\$61.25** Due by **May 1, 2007**

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

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	D SACKETT, RICHARD M 740 CYPRESS POINTE DR W PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete
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	PD FERNANDEZ, JACKIE 821 CYPRESS POINTE DR. WEST PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete
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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael Durant 521 Cypress Pointe Dr. West Pembroke Pines, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Richard M. Sackett 740 Cypress Pointe Dr. West Pembroke Pines, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Valentine Fabricius 620 Cypress Pointe Dr. West Pembroke Pines, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jackie Fernandez 821 Cypress Pointe Dr. West Pembroke Pines, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sam Johnson 500 Cypress Pointe Dr. West Pembroke Pines, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arthur Corr 601 Cypress Pointe Dr. West Pembroke Pines, FL 33027 <input checked="" 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: *[Signature]* Pres. 4-19-07 954-640-7070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #