

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05-23-2005 90003 027 ****61.25

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



05192005 Chg-NP CR2E037 (10/03)

DOCUMENT # N9700C001925

1. Entity Name
CYPRESS POINT AT THE RESERVE ASSOCIATION, INC.

Principal Place of Business
**9700 RESERVE BLVD
PORT ST LUCIE, FL 34986 US**

Mailing Address
**21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US**

2. Principal Place of Business

3. Mailing Address
1304 SW Bayshore Blvd

Suite, Apt. #, etc.

City & State
Port St. Lucie, FL

Zip
34983

Country
Port St. Lucie

4. FEI Number
65-0803499

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

Name
Bayshore Association Management

Street Address (P.O. Box Number is Not Acceptable)
1304 SW Bayshore Blvd

City
Port St. Lucie

State
FL

Zip Code
34983

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 L. Weber William L. Weber 6/20/05

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when renouncing) DATE

**Filing Fee is \$81.25
Due by September 7, 2005**

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	P WEITZEL, HAROLD 10208 CROSBY PL PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEYES, JACK 8116 LINKS WAY FORT PIERCE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIEGEL, J.R. 10301 CROSBY PLACE PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(f), 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: Harold B. Weitzel 6/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #