

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90417 032 ****61.25

DOCUMENT # N97000001925

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



Principal Place of Business Mailing Address
9700 RESERVE BLVD **1304 SW BAYSHORE BLVD**
PORT ST LUCIE, FL 34986 US **PORT ST LUCIE, FL 34983 US**

50013093



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State City & State

Zip Country Zip Country

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

BAYSHORE ASSOCIATION MANAGEMENT
1304 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34983

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WEITZEL, HAROLD	
STREET ADDRESS	10208 CROSBY PL	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEYES, JACK	
STREET ADDRESS	8116 LINKS WAY	
CITY-ST-ZIP	FORT PIERCE, FL 34986	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SIEGEL, J.R.	
STREET ADDRESS	10301 CROSBY PLACE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: H. B. Weitzel 4-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #