


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

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90153 040 \*\*\*\*61.25

<b>DOCUMENT # N97000001925</b>							
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 1304 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0803499			
				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			7. Name and Address of New Registered Agent				
BAYSHORE ASSOCIATION MANAGEMENT 1304 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WEITZEL, HAROLD		NAME				
STREET ADDRESS	10208 CROSBY PL		STREET ADDRESS				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KEYES, JACK		NAME				
STREET ADDRESS	8116 LINKS WAY		STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE, FL 34986		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SIEGEL, J.R.		NAME				
STREET ADDRESS	10301 CROSBY PLACE		STREET ADDRESS				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KEITH ASHBY		NAME				
STREET ADDRESS	10101 SPYGLASS LANE		STREET ADDRESS				
CITY-ST-ZIP	PORT ST LUCIE, FL 34986		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>Harold B. Weitzel</i> HAROLD B. WEITZEL			Date: 4/4/07				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				