

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/30/

FILED
May 26, 2004 8:00 am
Secretary of State

04-30-2004 90217 012 ****61.25

DOCUMENT # N99000001459



1. Entity Name
CYPRESS PRESERVE OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**6213 PRESIDENTIAL CT., STE A
 FORT MYERS FL 33919**

Mailing Address
**6213 PRESIDENTIAL CT., STE A
 FORT MYERS FL 33919**

66424232



MOORE CR2E037 (11/03)

2. Principal Place of Business
clo Henke Property Mgt Inc
 Suite, Apt. #, etc.
6213 A Presidential Ct
 City & State
Ft Myers FL

3. Mailing Address
clo Henke Property Mgt Inc
 Suite, Apt. #, etc.
6213 A Presidential Ct
 City & State
Ft Myers FL

4. FEI Number
59-3568442

Applied For
 Not Applicable

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

Zip
33919 Country
USA

Zip
33919 Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NERKE, CAROL J
 C/O HENKE PROPERTY MANAGEMENT
 6213-A PRESIDENTIAL CT
 FORT MYERS FL 33919**

Name
Henke, Carol J
 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

Carol J Henke

4-28-2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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	DP THADDEUS, DRUSS 8884 CYPRESS PRESERVE PL FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LANSBERRY, RICHARD 8936 CYPRESS PRESERVE PL FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ADDLER, GERALD 8937 CYPRESS PRESERVE PL FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KNAPP, CHERLY 8801 CYPRESS PRESERVE PL FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COLUMBO, CAROL 8816 CYPRESS PRESERVE PL FORT MYERS FL 33912	<input checked="" 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 Marc Senecal 8836 Cypress Preserve Place Ft Myers FL 33912	<input type="checkbox"/> Change <input checked="" 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	D Blankenship, Joanne 8937 Cypress Preserve Place Ft Myers FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STB Cheryl Knapp 8801 Cypress Preserve Place Ft Myers FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Procy Jim 8835 Cypress Preserve Place Ft Myers FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Chuck Morris 8837 Cypress Preserve Place Ft Myers FL 33912	<input type="checkbox"/> Change <input checked="" 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)(i), 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:

Cheryl Knapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

Date

239-481-7150

Daytime Phone #