## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N99000001459**

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



**FILED** Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90199 011 \*\*\*\*61.25

					OF THE PARTY OF TH					
Principal Place of Business C/O HENKE PROPERTY MGMT INC. 6213 A PRESIDENTIAL CT FORT MYERS, FL 33919			Mailing Address C/O HENKE PROPERTY MGMT INC. 6213 A PRESIDENTIAL CT FORT MYERS, FL 33919			S ARRIANDE D'A ANTIN	- 1918 <b>- 19</b> 18 <b>- 191</b> 8 - 1918 - 1918 - 1918		MIKAL DI NEEL	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03302005 C	03302005 Chg-NP CR2E037 (10/03)			
City & State			City & State			4. FEI Number Applied For 59-3568442 Not Applicable				
Zip Country		Zip	Zip Country		5. Certificate of St	tatus Desired	<b>\$8.75</b> A Fee Requi			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
HENKE C	AROL I				Name					
HENKE, CAROL J C/O HENKE PROPERTY MANAGEMENT 6213-A PRESIDENTIAL CT				Street Address (P.O. Box Number is Not Acceptable)						
FORT MYERS, FL 33919										
					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 remaining)  DATE										
Filing Fee is \$61.25  Due by May 1, 2005  9. Election Campaign F Trust Fund Contributi				Y				4-		
						\$5.00 May Be Added to Fees		check payable Department of	-	
10.			Trust Fund 0		ion.	Added to Fees ADDITIONS/CHANG	Florida C	Department of	State	
TITLE	PD PD	OFFICERS AND DIR	Trust Fund 0	11.	ion.	Added to Fees  ADDITIONS/CHANG	Florida D	Department of ND DIRECTORS	State IN 10 : Addition	
TITLE NAME	PD SENECAL	May 1, 2005  OFFICERS AND DIR	Trust Fund (  ECTORS  Delete	11.	ion.	Added to Fees  ADDITIONS/CHANG	Florida D	Department of ND DIRECTORS	State IN 10 : Addition	
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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.

GNATURE:

SIGNATURE:

Daytime Phone #