


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

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

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

<b>DOCUMENT # N99000001459</b>					
1. Entity Name CYPRESS PRESERVE OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HENKE, CAROL J C/O HENKE PROPERTY MANAGEMENT 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	OP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENECAL, MARC		NAME	Waver, Bill	
STREET ADDRESS	8836 CYPRESS PRESERVE PLACE		STREET ADDRESS	3933 Cypress Preserve Place	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANKENSHIP, JOANNE		NAME	Spiegel, Elena	
STREET ADDRESS	3993 CYPRESS PRESERVE PLACE		STREET ADDRESS	3928 Cypress Preserve Place	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNAPP, CHERLY		NAME	Colombo, Carol	
STREET ADDRESS	8801 CYPRESS PRESERVE PL		STREET ADDRESS	3816 Cypress Preserve Place	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCE, JIM		NAME		
STREET ADDRESS	8825 CYPRESS PRESERVE PLACE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, CHUCK		NAME	Sandler, Linda	
STREET ADDRESS	8837 CYPRESS PRESERVE PLACE		STREET ADDRESS	3388 Cypress Preserve	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
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 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: <u>Elena M Spiegel</u>			Date: <u>4/27/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		