

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90356 040 ****61.25

DOCUMENT # N99000001459
 1. Entity Name
 CYPRESS PRESERVE OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: C/O APEX MANAGEMENT SERVICES, LEE COUNTY, 11595 KELLY RD #110, FORT MYERS, FL 33908
 Mailing Address: C/O APEX MANAGEMENT SERVICES, LEE COUNTY, 11595 KELLY RD #110, FORT MYERS, FL 33908
Sterling Property Services Sterling Property

40085085



2. Principal Place of Business - No P.O. Box #: 27180 Bay Landing Dr
 3. Mailing Address: 27180 Bay Landing Dr.
 Suite, Apt. #, etc: 4

04112008 Chg-NP CR2E037 (12/06)

City & State: Bonita Springs FL
 Zip: 34135 Country: USA

4. FEI Number: 59-3568442
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, GRACE J
 C/O APEX MANAGEMENT SERVICES OF LEE COUNTY
 11595 KELLY RD #110
 FT MYERS, FL 33908

Name: John O' Gorman
 Street Address (P.O. Box Number is Not Acceptable): Sterling Property Services, 27180 Bay Landing Dr Ste 4
 City: Bonita Springs FL Zip Code: 34135

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]* DATE: 4/23/08

Filing Fee is \$61.25 Due by May 1, 2008

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: TD NAME: GRUTHAN, CHARLES STREET ADDRESS: 8804 CYPRESS PRESERVE PL CITY-ST-ZIP: FORT MYERS, FL 33912 | <input type="checkbox"/> Delete |
| TITLE: SD NAME: SPIEGEL, ELENA STREET ADDRESS: 8928 CYPRESS PRESERVE PLACE CITY-ST-ZIP: FORT MYERS, FL 33912 | <input type="checkbox"/> Delete |
| TITLE: PD NAME: KNAPP, CHERYL STREET ADDRESS: 8801 CYPRESS PRESERVE PLACE CITY-ST-ZIP: FORT MYERS, FL 33912 | <input type="checkbox"/> Delete |
| TITLE: D NAME: PROCE, JIM STREET ADDRESS: 8825 CYPRESS PRESERVE PLACE CITY-ST-ZIP: FORT MYERS, FL 33912 | <input type="checkbox"/> Delete |
| TITLE: VD NAME: ALCORN, WORTH STREET ADDRESS: 8695 CYPRESS PRESERVE PL CITY-ST-ZIP: FORT MYERS, FL 33912 | <input type="checkbox"/> Delete |
| TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE: P. NAME: B. U Purdy STREET ADDRESS: 8901 cypress Preserve Pl CITY-ST-ZIP: FT MYER FL. 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: V NAME: Randy Aldieri STREET ADDRESS: 8896 cypress Preserve Place CITY-ST-ZIP: FT MYERS FL. 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: T NAME: Cindy SALATA STREET ADDRESS: 8852 cypress Preserve Place CITY-ST-ZIP: FT MYERS FL. 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: S NAME: George HWA STREET ADDRESS: 8905 cypress Preserve Place CITY-ST-ZIP: FT MYER FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: Randy Givler STREET ADDRESS: 8924 cypress Preserve Place CITY-ST-ZIP: FT MYER FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: Jason King STREET ADDRESS: 8817 cypress Preserve Pl. CITY-ST-ZIP: FT MYERS FL. 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* DATE: 4/23/08 DAYTIME PHONE #: 239 947 4552