

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

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90051 019 \*\*\*\*61.25

**DOCUMENT # N99000004316**  
 1. CYPRESS LAKES MANOR CONDOMINIUM ASSOCIATION, INC.



8750 LUECK LANE FORT MYERS, FL 33919

50010389



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0941612 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 ADAMS, JOSEPH E ESQ.  
 14241 METROPOLIS AVE  
 SUITE 100  
 FT MYERS, FL 33912-0000

7. Name and Address of New Registered Agent  
 FL

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005 \$5.00 May Be Added to Fees Make check payable to Florida Department of State

10. DC		11. DBM	
TITLE	NAME	TITLE	NAME
DC	DELUECIA, ANTONY		
STREET ADDRESS	8750 LUECK LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
DVC	BONITOTIDAS, PAT		
STREET ADDRESS	8750 LURCK LN	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
DBM	BRADFORD, DON		
STREET ADDRESS	8750 LUECK LN	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
DBM	MAURICE, ROSEMARY		
STREET ADDRESS	8750 LUECK LN	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
DBM	RUHWEDEL, DAVID		
STREET ADDRESS	8780 LUECK LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
		DBM	PETER OFFER
		STREET ADDRESS	8750 LUECK LANE
		CITY-ST-ZIP	FORT MYERS FL 33919

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: Rosemary Maurice 2/1/05 239 433 1991  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #