

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2006
Secretary of State**

DOCUMENT# N99000004316

Entity Name: CYPRESS LAKES MANOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8750 LUECK LANE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8750 LUECK LANE
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0941612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOSEPH E ESQ.
14241 METROPOLIS AVE
SUITE 100
FT MYERS, FL 339120000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: DELUECIA, ANTONY
Address: 8750 LUECK LANE
City-St-Zip: FORT MYERS, FL 33919

Title: DVC () Delete
Name: BONITOTIDAS, PAT
Address: 8750 LURCK LN
City-St-Zip: FORT MYERS, FL 33919

Title: DBM () Delete
Name: BRADFORD, DON
Address: 8750 LUECK LN
City-St-Zip: FORT MYERS, FL 33919

Title: DBM () Delete
Name: MAURICE, ROSEMARY
Address: 8750 LUECK LN
City-St-Zip: FORT MYERS, FL 33919

Title: DBM () Delete
Name: OFFER, PETER
Address: 8750 LUECK LANE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: DELUCCIA, ANTHONY
Address: 8750 LUECK LANE
City-St-Zip: FORT MYERS, FL 33919

Title: DVC (X) Change () Addition
Name: BRADFORD, DONALD
Address: 8750 LUECK LANE
City-St-Zip: FORT MYERS, FL 33919

Title: DBM (X) Change () Addition
Name: GRANT, WILLIAM
Address: 8750 LUECK LN
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY N. DELUCCIA

DC

01/15/2006

Electronic Signature of Signing Officer or Director

Date