

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007094

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** CYPRESS WOODS GOLF & COUNTRY CLUB MASTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3525 NORTHBROOKE DR  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

3525 NORTHBROOKE DR  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 65-0808009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF  
999 VANDERBILT BEACH ROAD  
SUITE 501  
NAPLES, FL 34108 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: TD  
Name: MUCCIARONE, JOE  
Address: 11691 GATEWAY BLVD SUITE 203  
City-St-Zip: FORT MYERS, FL 33913

Title: PD  
Name: MEARA, NED  
Address: 422 Highbank Rd  
City-St-Zip: S.YARMOUNT, MA 02664

Title: VPD  
Name: ALTIER, AL  
Address: 2700 CYPRESS TRACE CIRCLE # 3112  
City-St-Zip: NAPLES, FL 34119

Title: SD  
Name: RYDER, JUDY  
Address: 11691 GATEWAY BLVD SUITE 203  
City-St-Zip: FORT MYERS, FL 33913

Title: VPD  
Name: GRASS, SHARLENE  
Address: 2760 CYPRESS TRACE CIR 2512  
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: NED MEARA

PD

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date