

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002001

**Entity Name:** CYPRESS POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O NEWELL PROPERTY MGMT.  
5435 JAEGER RD. #4  
NAPLES, FL 34109

**Current Mailing Address:**

C/O NEWELL PROPERTY MGMT.  
5435 JAEGER RD. #4  
NAPLES, FL 34109

**FEI Number:** 65-0674114

**Certificate of Status Desired:** No

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

NEWELL, WILLIAM  
5435 JAEGER RD. #4  
NAPLES, FL 34109 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TOTH, PAUL  
Address        7830 NAPLES HERITAGE DRIVE  
City-State-Zip: NAPLES FL 34112

Title            VP  
Name            ALLISON, RICHARD  
Address        7833 NAPLES HERITAGE DRIVE  
City-State-Zip: NAPLES FL 34112

Title            SECRETARY, TREASURER  
Name            THOMPSON, GRANVILLE  
Address        7722 NAPLES HERITAGE DRIVE  
City-State-Zip: NAPLES FL 34112

*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:** PAUL TOTH

**PRESIDENT**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date