

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90082 005 ***150.00

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04032007 Chg-P CR2E034 (12/06)

DOCUMENT # 228591 1. Entity Name CYPRESS LAKE REALTY, INC.					
Principal Place of Business 6767 WINKLER RD FT MYERS, FL 33919			Mailing Address 6767 WINKLER RD FT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0969110	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHANSSON, LINDAS 13812 PINE VILLA LANE FORT MYERS, FL 33912				7. Name and Address of New Registered Agent Name BLAINE A. BURGESS Street Address (P.O. Box Number is Not Acceptable) 506 CORBEL DRIVE City NAPLES FL Zip Code 34110	
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 BLAINE A. BURGESS <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BURGESS, BLAINE A 144 WICKCLIFF DRIVE NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEWART, CHARLES R. 8881 NEW CASTLE DR. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEWART, CHARLES A 8881 NEW CASTLE DR FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MITCHELL, BONNIE M. 1442 EL DORADO PKWY, WEST CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITCHELL, BONNIE M 1442 EL DORADO PARKING WEST CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HOWLETT, LARAINNE 13613 ADMIRAL CT. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEFFERNAN, JOSEPH F 8851 KING LEAR CT. FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 607, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/4/07 239-481-1333 <small>Daytime Phone #</small>	