


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90084 045 ****61.25

DOCUMENT # 746044 1. Entity Name CYPRESS GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 195 CYPRESS WAY E # 10 NAPLES, FL 34110 US			Mailing Address PO BOX 10688 NAPLES, FL 34101 US 195 Cypress Way E. # Naples, FL. 34110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1985521				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEGRAVES, LAURIE W LWS BUSINESS SERVICES 4300 GULFSTREAM DR #2-D NAPLES, FL 34112			Name GERALD BERTRAND Street Address (P.O. Box Number is Not Acceptable) 195 CYPRESS WAY E. #8 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 <i>Gerald A. Bertrand</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			February 13, 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICCARDI, PAUL 195 CYPRESS WAY E, 9 NAPLES, FL 34110 <input checked="" 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	SD KOEHL, CAROLYN 195 CYPRESS WAY E, 10 NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEGRAVES, LAURIE W 4300 GULFSTREAM DR #2-D NAPLES, FL 34112 <input checked="" 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	PD THOMAS, GARRY 195 CYPRESS WAY E #5 NAPLES, FL 34110 <input checked="" 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	VPD FIEDOROWICZ, EDWARD 195 CYPRESS WAY E #7 NAPLES, FL 34110 <input checked="" 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED	
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: <i>Carolyn A. Koehl (President)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Feb. 13, 2005 (239) 591-4591 <small>Date Daytime Phone #</small>		
CAROLYN A. KOEHL (PRESIDENT)					

ATTACHMENT

20014356
746044

Cypress Gardens Senior Condominium Association, Inc.

~~P.O. Box 10688~~

~~Naples FL 34101~~

195 Cypress Way E. #10
Naples, FL. 34110

FEI Number 59-1985521

11. continued

Title	STD
Name	Gerald Bertrand
Address	195 Cypress Way E. #8
City ST Zip	Naples FL 34110

Title	VPD
Name	Thomas Manion
Address	195 Cypress Way E. #8
City St Zip	Naples FL 34110