

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90171 036 ****61.25

DOCUMENT # 748015

1. Entity Name
CYPRESS GATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O SANDCASTLE COMMUNITY MGMT
POB 8478
NAPLES, FL 34101 US

Mailing Address
C/O SANDCASTLE COMMUNITY MGMT
POB 8478
NAPLES, FL 34101 US

4000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2021822

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINKLER, NANCY
C/O SANDCASTLE COMMUNITY MGMT
1719 TRADE CTR WAY STE 4
NAPLES, FL 34109

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Nancy Winkler
Signature, typed or printed name of registered agent and title if applicable

NANCY WINKLER
(NOTE: Registered Agent signature required when reinstating)

4/5/07
DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 VPD ☐ Delete
NAME CAVALLONE, ROSE
STREET ADDRESS 75 ST ANDREWS BLVD, # 202
CITY- ST- ZIP NAPLES, FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE PD ☐ Delete
NAME STUMBO, ERNEST J
STREET ADDRESS 95 ST ANDREWS BLVD 310
CITY- ST- ZIP NAPLES, FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE STD ☐ Delete
NAME MILLER, LISA
STREET ADDRESS 75 ST ANDREWS BLVD 101
CITY- ST- ZIP NAPLES, FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☒ Delete
NAME CENTERS, JACK
STREET ADDRESS 95 ST ANDREWS BLVD 210
CITY- ST- ZIP NAPLES, FL 34113

TITLE ☐ Change ☒ Addition
NAME MEN LEVERENTZ
STREET ADDRESS 85 ST. ANDREWS BLVD, #106
CITY- ST- ZIP NAPLES, FL 34113

TITLE D ☐ Delete
NAME RICH, BARBARA
STREET ADDRESS 95 ST ANDREWS BLVD 112
CITY- ST- ZIP NAPLES, FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☒ Delete
NAME FOREMAN, GEORGE
STREET ADDRESS 463 TORREY PINES COURT
CITY- ST- ZIP NAPLES, FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/07 239-5967200