


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90032 013 ****61.25

DOCUMENT # 759274 1. Entity Name CYPRESS POINT VILLAS ASSOCIATION, INC.					
Principal Place of Business % HAWK-EYE MANAGEMENT 3901 N FEDERAL HIGHWAY, STE 202 BOCA RATON, FL 33431			Mailing Address % HAWK-EYE MANAGEMENT 3901 N FEDERAL HIGHWAY, STE 202 BOCA RATON, FL 33431		
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 59-2164750	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PATTI, PAUL N. %HAWK-EYE MANAGEMENT 3901 N FEDERAL HIGHWAY, STE 202 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLECHMAN, HOWARD	NAME			
STREET ADDRESS	20533 LINKSVIEW DRIVE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONKARSH, WILLIAM	NAME	D <i>Rapport, Geeabl</i>		
STREET ADDRESS	20499 LINKSVIEW WAY	STREET ADDRESS	<i>20547 Linksviue Way</i>		
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP	<i>Boca Raton, FL 33434</i>		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAU, ARTHUR	NAME			
STREET ADDRESS	20555 LINDSVIEW WAY	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REYER, CORINNE	NAME			
STREET ADDRESS	20493 LINKSVIEW WAY	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLPOV, ROZ	NAME			
STREET ADDRESS	20525 LINKSVIEW DR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 all other like empowered.					
SIGNATURE: <i>ARTHUR M. BLAU PRES</i> <i>4/1/08</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					