


FILED
Feb 19, 2008 8:00 am
Secretary of State

DOCUMENT # 759837			
1. Entity Name CYPRESS BEND RV RESORT CONDOMINIUM ASSOCIATION, INC.		Mailing Address C/O GULF BREEZE MGMT SVCS OF SW FL, LLC 8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent			
WEIDNER, RALPH L C/O GULF BREEZE MGMT SVCS OF SW FL, LLC 8910 TERRENE HCT STE 200 BONITA SPRINGS, FL 34135			Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNEEBONE, RAY 8651 MULLWOOD DRIVE ESTERO, FL 33928	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, FRED 20168 CHERRY TREE LANE ESTERO, FL 33928	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPHIER, RICHARD 8691 FIRWOOD DRIVE ESTERO, FL 33928	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTZ, EARL D 20157 ORANGE TREE LANE ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOBLE, PAT 20209 ORANGE TREE LN ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			P/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP			T/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D Hoy 8540 Este
TITLE NAME STREET ADDRESS CITY-ST-ZIP			V/D Roll 2019 Este
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ Fred M.			



01052008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2223623

Applied For
Not Applicable

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

WEIDNER, RALPH L
C/O GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENCE HCT STE 200
BONITA SPRINGS, FL 34135

Name _____

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

Terrene

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	KNEEBONE, RAY	
STREET ADDRESS	8651 MULLWOOD DRIVE	
CITY-STATE-ZIP	ESTERO, FL 33928	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	TD	<input type="checkbox"/> Deleted
NAME	MOORE, FRED	
STREET ADDRESS	20168 CHERRY TREE LANE	
CITY - ST - ZIP	ESTERO, FL 33928	

TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	D	<input type="checkbox"/> Delete
NAME	LAMPHIER, RICHARD	
STREET ADDRESS	8691 FIRWOOD DRIVE	
CITY-ST-ZIP	ESTERO, FL 33928	

TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, EARL D	
STREET ADDRESS	20157 ORANGE TREE LANE	
CITY - ST - ZIP	ESTERO, FL 33928	

TITLE	Dr.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Hoy, Dean		
STREET ADDRESS	8540 Firwood Drive		
CITY-ST-ZIP	Estero, FL 33928		

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GOBLE, PAT	
STREET ADDRESS	20209 ORANGE TREE LN	
CITY-ST-ZIP	ESTERO, FL 33928	

TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Rollo, Herbert		
STREET ADDRESS	20196 Orange Tree Lane		
CITY-ST-ZIP	Esteros, FL 33928		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Moore

Date _____

Daytime Phone #

vb