

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90094 010 ****61.25

DOCUMENT # 760439 1. Entity Name THE CYPRESS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2180 WEST SR 434 SUITE 6000 LONGWOOD, FL 32779-5044 US		Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907	
City & State Zip		4. FEI Number 59-2173932	
Country		Applied For 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	
Name Street Address (P.O. Box Number is Not Acceptable) City		Name HAYDEN, KEN Street Address (P.O. Box Number is Not Acceptable) 8359 Beacon Blvd. Suite 213 City Ft. Myers, FL 33907	
Zip Code		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: 4-11-08			
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOODRING, JUNE 6979 WINKLER RD#312 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, STEPHAN 6979 WINKLER RD #337 FORT MYERS, FL 33919 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRID, CAROLE 6979 WINKLER ROAD #334 FT MYERS, FL 33919 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STATES, CHARLES 6979 WINKLER RD. #316 FT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, HAL 6979 WINKLER ROAD #126 FT MYERS, FL 33919 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dennis Morrison 6979 Winkler Rd. #328 Ft Myers, FL 33919 Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lindy Kirk 6979 Winkler Rd. #212 Ft Myers FL 33919 Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM Ken Hayden 8359 Beacon Blvd. Suite 213 Ft Myers, FL 33907 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
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 to an address, with all other like empowered.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
DATE: 4-11-08			
Daytime Phone #			