


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90259 033 ****61.25

DOCUMENT # N00000000590					
1. Entity Name CYPRESS POINT PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 50 CYPRESS POINT PKWY., STE 1A PALM COAST, FL 32164			Mailing Address 50 CYPRESS POINT PKWY., STE 1A PALM COAST, FL 32164		
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 59-3588767	
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		
STOKES, LEA A 109 S. 6TH ST FLAGLER BEACH, FL 32136			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME PINEK, CHARLES STREET ADDRESS 50 CYPRESS POINT PKWY., STE 1A CITY-ST-ZIP PALM COAST, FL 32164	<input type="checkbox"/> Delete				
TITLE SD NAME MCKIGHTS, GMETIC STREET ADDRESS 50 CYPRESS POINT PKWY., STE B4 CITY-ST-ZIP PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete				
TITLE S NAME HENDERSON, CRAIG STREET ADDRESS 50 CYPRESS PT. PKWY., STE. C-1 CITY-ST-ZIP PALM COAST, FL 32164	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE VP NAME RINEK, CHARLES STREET ADDRESS 50 CYPRESS POINT PARKWAY STE 1A CITY-ST-ZIP PALM COAST FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE P NAME DELGADO, LOU STREET ADDRESS 2 FLORIAN PARK DR #B-4 CITY-ST-ZIP PALM COAST, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____				4-15-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	