

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002469

FILED
Feb 04, 2007
Secretary of State

Entity Name: SANTA ROSA AT OLDE CYPRESS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

PO BOX 110339
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-1094301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVENUE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHEPHERD, NICK
Address: 3200 BAILEY LN., STE. 117
City-St-Zip: NAPLES, FL 34105

Title: DVST () Delete
Name: HOKANSON, STEPHEN P
Address: 3200 BAILEY LN. STE. 117
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: PRICE, R. SCOTT
Address: 821 5TH AVE. S
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCWILLIAMS, ROBERT
Address: 7384 MONTEVERDE WAY
City-St-Zip: NAPLES, FL 34119

Title: DV (X) Change () Addition
Name: RAFALOFF, HOWARD
Address: 7359 MONTEVERDE WAY
City-St-Zip: NAPLES, FL 34119

Title: DST (X) Change () Addition
Name: ROE, STEPHEN
Address: 7387 MONTEVERDE WAY
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MCWILLIAMS

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02/04/2007

Electronic Signature of Signing Officer or Director

Date