


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90113 026 ****61.25

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1. Entity Name
 CYPRESS COVE B AT GRANDEZZA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 % GULF BREEZE MGMT. SRVCS. OF SW FL, LLC
 27725 OLD 41, STE 104
 BONITA SPRINGS, FL 34135

Mailing Address
 % GULF BREEZE MGMT. SRVCS. OF SW FL, LLC
 27725 OLD 41, STE 104
 BONITA SPRINGS, FL 34135



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04302005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3737686 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fes Required

5. Name and Address of Current Registered Agent

RUEMLER, TIMOTHY J
 5801 PELICAN BAY BLVD SUITE 600
 NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name *WILLIAM D. WHITE, D.M.*
 Street Address (P.O. Box Number is Not Acceptable)
2310 Della DR.
 City *Naples, FL* Zip Code *34117*

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 *William D White - WILLIAM D WHITE* DATE *4-30-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSHER, TED 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, NORBERT A 20043 SEADALE COURT ESTERO, FL 33928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNSINN, DIANA 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINUTELLA, Joseph 20137 Seadale Ct. Estero, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, Norbert A. 20043 Seadale Ct. Estero, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, Nancy 20061 Seadale Ct. Estero, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARPER, TERRY 20124 Seadale Ct. Estero, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS Meghmagi, Bettina 171 Commercial Blvd St. 20 Naples, FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNKLE, Bob 20130 Seadale Ct. Estero, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bettina Meghmagi, Manager* *BETTINA MEGHMANAGI* DATE *5/2/05* (239) 352-6780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #