

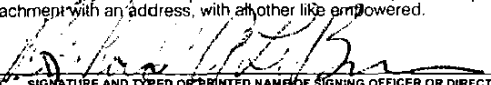


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90053 022 \*\*\*\*61.25

<b>DOCUMENT # N01000005819</b> 1. Entity Name CYPRESS COVE B AT GRANDEZZA HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business C/O BONITA MANAGEMENT GROUP, INC 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135		Mailing Address C/O BONITA MANAGEMENT GROUP, INC 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135
2. Principal Place of Business - No P.O. Box # 27800 OLD 41 RD	3. Mailing Address 27800 OLD 41 RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL
Zip 34135	Country USA	4. FEI Number 59-3737686
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent C/O BONITA MANAGEMENT GROUP, INC 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name <b>STERLING PROPERTY SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) 27800 OLD 41 RD City <b>BONITA SPRINGS</b> FL Zip Code <b>34135</b>
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  <b>J.S. O'GORMAN</b>		DATE 3/20/2007
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, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINUTELLA, JOSEPH 20137 SEA DALE CT ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WHEELER, NORBERT A 20043 SEADALE COURT ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RICE, NANCY 20061 SEA DALE CT ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEBRUN, RICHARD 20141 SEADALE CT ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNKLE, ROBERT 20130 SEADALE CT ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK SENESE 20135 SEADALE CT ESTERO, FL 33928 <input type="checkbox"/> Delete	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 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 another like empowered.		
SIGNATURE: 		Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #