
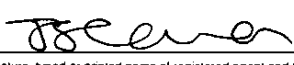
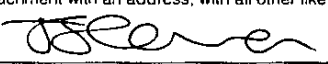


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90021 031 ****61.25

DOCUMENT # N01000005819			
1. Entity Name CYPRESS COVE B AT GRANDEZZA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 27800 OLD 41 RD BONITA SPRINGS, FL 34135		Mailing Address 27800 OLD 41 RD BONITA SPRINGS, FL 34135	
2. Principal Place of Business - No P.O. Box # 27180 BAY LANDING DR		3. Mailing Address 27180 BAY LANDING DR	
Suite, Apt. #, etc. SUITE 4		Suite, Apt. #, etc. SUITE 4	
City & State BONITA SPRINGS FL		City & State BONITA SPRINGS FL	
Zip 34135		Country USA	
4. FEI Number 59-3737686		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	
STERLING PROPERTY SERVICES 27800 OLD 41 RD BONITA SPRINGS, FL 34135		Name Street Address (P.O. Box Number is Not Acceptable) 27180 BAY LANDING DR SUITE 4 City BONITA SPRINGS FL Zip Code 34135	
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 		DATE 2/18/08	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SENESE, FRANK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20135 SEADALE CT	NAME	
STREET ADDRESS	ESTERO, FL 33928	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT WHEELER, NORBERT A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20043 SEADALE COURT	NAME	
STREET ADDRESS	ESTERO, FL 33928	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVP RICE, NANCY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20061 SEA DALE CT	NAME	
STREET ADDRESS	ESTERO, FL 33928	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DP LEBRUN, RICHARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20141 SEADALE CT	NAME	
STREET ADDRESS	ESTERO, FL 33928	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS DUNKLE, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20130 SEADALE CT	NAME	
STREET ADDRESS	ESTERO, FL 33928	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.			
SIGNATURE: 		DATE 2/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 239 547 4552	