

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005819

FILED  
Mar 03, 2009  
Secretary of State

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

## Current Principal Place of Business:

27180 BAY LANDING DR  
STE. 4  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135

## Current Mailing Address:

27180 BAY LANDING DR  
STE. 4  
BONITA SPRINGS, FL 34135

## New Mailing Address:

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135

FEI Number: 59-3737686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STERLING PROPERTY SERVICES  
27180 BAY LANDING DR.  
STE 4  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

STERLING PROPERTY SERVICES  
27180 BAY LANDING DR.  
SUITE 4  
BONITA SPRINGS, FL 34135 US

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:

03/03/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SENESE, FRANK  
Address: 20135 SEADALE CT  
City-St-Zip: ESTERO, FL 33928

Title: DT ( ) Delete  
Name: WHEELER, NORBERT A  
Address: 20043 SEADALE COURT  
City-St-Zip: ESTERO, FL 33928

Title: DVP ( ) Delete  
Name: RICE, NANCY  
Address: 20061 SEA DALE CT  
City-St-Zip: ESTERO, FL 33928

Title: DP ( ) Delete  
Name: LEBRUN, RICHARD  
Address: 20141 SEADALE CT  
City-St-Zip: ESTERO, FL 33928

Title: DS ( ) Delete  
Name: DUNKLE, ROBERT  
Address: 20130 SEADALE CT  
City-St-Zip: ESTERO, FL 33928

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NORBERT WHEELER

DT

03/03/2009

Electronic Signature of Signing Officer or Director

Date