


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91484 007 ****61.25

DOCUMENT # N01000005819

1. Entity Name
**CYPRESS COVE B AT GRANDEZZA HOMEOWNERS ASSOCIATI
ON, INC.**



Principal Place of Business Mailing Address

**5801 PELICAN BAY BLVD SUITE 600
NAPLES FL 34108** **5801 PELICAN BAY BLVD SUITE 600
NAPLES FL 34108**

2. Principal Place of Business **%Gulf Breeze Management Services of SW FL 27725 Old 41 LLC** 3. Mailing Address **%Gulf Breeze Management Services of SW FL 27725 Old 41 LLC**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 104 **Suite 104**



CHECK HERE IF MAKING CHANGES

City & State City & State

Bonita Springs, FL **Bonita Springs, FL**

Zip Country Zip Country

34135 **USA** **34135** **USA**

4. FEI Number **59-3737686** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. 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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25 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	DP	<input type="checkbox"/> Delete
NAME	MOSHER, TED	
STREET ADDRESS	5801 PELICAN BAY BLVD SUITE 600	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BETTER, DAN	
STREET ADDRESS	5801 PELICAN BAY BLVD SUITE 600	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	STD	<input type="checkbox"/> Delete
NAME	AZAMI, SHAZIA	
STREET ADDRESS	5801 PELICAN BAY BLVD SUITE 600	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wheeler, Norbert A.	
STREET ADDRESS	20043 Seadale Court	
CITY-ST-ZIP	Estero, FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Ted Mosher** **SIGNATURE REQUIRED** 2/12/03 (239) 449-1064

CR2E037 (10/02)