

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90021 039 ****61.25

DOCUMENT # N01000007551					
1. Entity Name CYPRESS COVE A AT GRANDEZZA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 27725 OLD 41 STE 104 NAPLES, FL 34108			Mailing Address 27725 OLD 41 STE 104 NAPLES, FL 34108		
2. Principal Place of Business Gulf Breeze Management Services, LLC			3. Mailing Address Gulf Breeze Management Services, LLC		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Bonita Springs, FL		City & State Bonita Springs, FL		4. FEI Number 59-3739014	
Zip 34135		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUEMLER, TIMOTHY J 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108				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 _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing ☐ \$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	PD MOSHER, TED 5801 PELICAN BAY BLVD. - SUITE 600 NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, JOHN S 20175 BUTTERMERE COURT ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AZAMI, SHAZIA 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Ted Mosher</u>			2-17-04		239-998-4145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #