2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90319 015 ****61.25

DOCUMENT # N01000007551

1. Entity Name
CYPRESS COVE A AT GRANDEZZA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
GULF BREEZE MANAGEMENT SERVICES, LLC BONITA SPRINGS, FL 34135	GULF BREEZE MANAGEMENT SERVICES, LLC BONITA SPRINGS, FL 34135

04052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
~~Advanced Property Management~~ Service, Inc. 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134	Advanced Property Management Service, Inc. 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134

Federal Employer Identification Number: 59-3739014 ☐ Applied For ☐ Not Applicable

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: SUSAN G. THOMPSON Street Address (P.O. Box Number is Not Acceptable): ~~Advanced Property Management~~ Service, Inc. 3350 Woods Edge Circle, Ste 104 City: Bonita Springs, FL 34134 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: Susan L. Thompson SUSAN L. THOMPSON 3/31/05
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, 2005

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			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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARL CLARK 20106 Buttermere Ct. Estero, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIELDS, JOHN S 20175 BUTTERMERE COURT ESTERO, FL 33928	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Don Leroy 20049 Buttermere Ct. Estero, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD UNSINN, DIANA 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Linda Anderson 20095 Buttermere Ct. Estero, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Fred Calatayud 20065 Buttermere Ct. Estero, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mike Patricelli - Sec 20112 Buttermere Ct. Estero, FL 33928	☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #