

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90049 026 ****61.25

DOCUMENT # N01000007551			
1. Entity Name CYPRESS COVE A AT GRANDEZZA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business % EAGLE PROPERTY MANAGEMENT OF SW FL, INC. 1337 EGRETS LANDING #102 NAPLES, FL 34108		Mailing Address COLTIER FINANCIAL, INC. 4985 TAMiami TRAIL E. NAPLES, FL 34113	
2. Principal Place of Business - No P.O. Box # 27180 Bay Landing Dr		3. Mailing Address 27180 Bay Landing Dr	
4. City & State Bonita Springs FL		4. City & State Bonita Springs FL	
5. Zip 34135		5. Country USA	
6. Name and Address of Current Registered Agent BLANCHARD, JOHN B % EAGLE PROPERTY MANAGEMENT OF SW FL, INC. 1337 EGRETS LANDING #102 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: DATE: 4/18/08			
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 NAME: CLARK, CARL STREET ADDRESS: 20106 BUTTERMERE CT. CITY-ST-ZIP: ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: JOHN WOODWARD STREET ADDRESS: 20129 BUTTERMERE COURT CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DP NAME: KINSELLA, THOMAS STREET ADDRESS: 20071 BUTTERMERE CT. CITY-ST-ZIP: ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE: DP NAME: JIM HARVEY STREET ADDRESS: 20030 BUTTERMERE COURT CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: VOLKAN, ARA STREET ADDRESS: 20147 BUTTERMERE CT. CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE: SD NAME: GEORGINA LACY STREET ADDRESS: 20082 BUTTERMERE COURT CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: WULBER, SUSAN STREET ADDRESS: 20037 BUTTERMERE CT. CITY-ST-ZIP: ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: SERALD ECKHOFF STREET ADDRESS: 20107 BUTTERMERE COURT CITY-ST-ZIP: ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: GASSER, DEAN STREET ADDRESS: 20153 BUTTERMERE CT. CITY-ST-ZIP: ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		4/17/08 2399474552	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	