


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90176 044 \*\*\*\*61.25

**DOCUMENT # N03058**

1. Entity Name  
 CYPRESS POINTE COMMUNITY ASSOCIATION, INC



Principal Place of Business  
 C/O SUN LU PROPERTIES, INC.  
 901 NW 8TH AVE STE C-5  
 GAINESVILLE, FL 32601 US

Mailing Address  
 C/O SUN LU PROPERTIES, INC.  
 901 NW 8TH AVE STE C-5  
 GAINESVILLE, FL 32601 US



2. Principal Place of Business  
 1731 NW 6 ST  
 Suite, Apt. #, etc. A

3. Mailing Address  
 1731 NW 6 ST  
 Suite, Apt. #, etc. A

01102006 Chg-NP CR2E037 (11/05)

City & State  
 GAINESVILLE

City & State  
 GAINESVILLE

Zip  
 32609

Country  
 FL

Zip  
 32609

Country  
 ALACHUA

4. FEI Number  
 59-2588166

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 WILSON, SALLY A  
 901 NW 8TH AVE STE C-5  
 GAINESVILLE, FL 32601

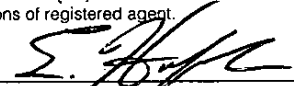
7. Name and Address of New Registered Agent  
 Name  
 ED BAUR MGT INC.

Street Address (P.O. Box Number is Not Acceptable)  
 1731 NW 6 ST SUITE A

City  
 GAINESVILLE FL

Zip Code  
 32609

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 3-30-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	P	<input type="checkbox"/> Delete
NAME	SEGARRA, JUAN	
STREET ADDRESS	5414 SW 4TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EUBANK, ANN M	
STREET ADDRESS	317 SW 54TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	S	<input type="checkbox"/> Delete
NAME	GORME, RUTH	
STREET ADDRESS	309 SW 54TH DRIVE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	T	<input type="checkbox"/> Delete
NAME	BECKETT, SUSAN	
STREET ADDRESS	405 SW 54TH DRIVE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, ROBERTO	
STREET ADDRESS	315 SW 54TH DRIVE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
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		<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 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:  DATE 4/20/06 DAYTIME PHONE # 352-317-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR