
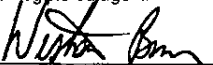
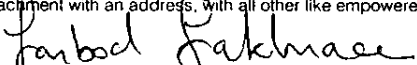


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90071 044 ****61.25

DOCUMENT # N03058			
1. Entity Name CYPRESS POINTE COMMUNITY ASSOCIATION, INC			
Principal Place of Business 1731 NW 6 ST A 32609, FL 32601 US		Mailing Address 1731 NW 6 ST A 32609, FL 32601 US	
2. Principal Place of Business - No P.O. Box # 1731 NW 6TH STREET		3. Mailing Address PO BOX 14506	
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc.	
City & State GAINESVILLE FL		City & State GAINESVILLE FL	
Zip 32609	Country ALACHUA	Zip 32604	Country ALACHUA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ED BAUR MGMT INC 1731 NW 6 ST STE A GAINESVILLE, FL 32609		Name WESTON BAUR/ED BAUR MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) DBA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6TH STREET 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 3-8-07	
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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P SEGARRO, JUAN 5414 SW 4TH PLACE GAINESVILLE, FL 32607 <input 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	VP EUBANK, ANN M 317 SW 54TH PLACE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARBOD FAKHRAEE 5433 SW 4TH PLACE GAINESVILLE FL 32607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORME, RUTH 309 SW 54TH DRIVE GAINESVILLE, FL 32607 <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	T BECKETT, SUSAN 405 SW 54TH DRIVE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCY DAVIS 5425 SW 4TH PLACE GAINESVILLE FL 32607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, ROBERTO 315 SW 54TH DRIVE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS CONNER 5413 SW 4TH PLACE GAINESVILLE FL 32607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELA COLONNA LIVINE 11383 BEECHER CIRCLE E JACKSONVILLE FL 32223 <input type="checkbox"/> Change <input checked="" 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: 		DATE 4-25-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	