## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 08, 2008 8:00 am

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DOCUMENT # N03058  1. Entity Name CYPRESS POINTE COMMUNITY ASSOCIATION, INC										-	11 ****6	
Principal Place of Business 1731 NW 6 ST SUITE A GAINESVILLE, FL 32609 US  Mailing Address PO BOX 14506 GAINESVILLE, FL 32604				l US	5	,						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01142008	Chg-NP	C	R2E037	7 (12/06)	
City & Stat	e	City & State				4. FEI Number 59-2588166						pplied For ot Applicable
Zip	Country	Zip		Cou	intry		5. Certificate	of Status Desi	red		8.75 Add ee Require	
	6. Name and Address of Current	t Registere	d Agent				7. Name and	Address of N	ew Regis	stered A	gent	
BAUR, WE	ESTON			_	Name							
1731 NW 6	MGMT., INC STH STREET STE A			Street A	ddress (f	P.O. Box Numbi	er is Not Accer	otable)				
GAINESVI	LLE, FL 32609			į	City					FL	Zip Cod	e
	named entity submits this statement for	or the purpo	ose of changing its r	egistere	d office or	register	ed agent, or bo	h, in the State	of Florida		amiliar with,	and accept
the obligat	ions or registered agent.											
SIGNATURE .						<del></del>						
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if app	licable. (NOTE:	Registerer	d Agent signati	ure required	when reinstating)			DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	t and title if appl	9. Election Carni Trust Fund Co	paign F	inancing	ure required	when reinstating) \$5.00 May E Added to Fees	e	Florida	check Depart	payable t ment of S	tate :
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Camp	paign F	inancing		\$5.00 May 8 Added to Fees	272	Florida	check Depart	ment of S	tate
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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 emowered 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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR