


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90025 011 ****61.25

DOCUMENT # N03058					
1. Entity Name CYPRESS POINTE COMMUNITY ASSOCIATION, INC					
Principal Place of Business 1731 NW 6 ST SUITE A GAINESVILLE, FL 32609 US			Mailing Address PO BOX 14506 GAINESVILLE, FL 32604 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2588166	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAUR, WESTON ED BAUR MGMT., INC 1731 NW 6TH STREET STE A GAINESVILLE, FL 32609			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	P <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEGARRO, JUAN	NAME	JAUN SEGARRO		
STREET ADDRESS	5414 SW 4TH PLACE	STREET ADDRESS	5528 SW 4TH PLACE		
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	GAINESVILLE FL 32607		
TITLE	VP <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAKHRAEE, FARBOD	NAME			
STREET ADDRESS	5433 SW 4TH PLACE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, MARCY	NAME			
STREET ADDRESS	5425 SW 4TH PLACE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CONNER, THOMAS	NAME	NELSON IRIZARRY		
STREET ADDRESS	5413 SW 4TH PLACE	STREET ADDRESS	PO BOX 357162		
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	GAINESVILLE FL 32635		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	LIVINE, ANGELA C	NAME			
STREET ADDRESS	11383 BEECHER CIRCLE E	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Forbes Pachrae</i>			Date: <i>5/1/08</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		