


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90007 034 ****61.25

DOCUMENT # N05000006744 1. Entity Name CYPRESS PRESERVE AT COLONIAL RESIDENT'S ASSOCIATION, INC.			
Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435- 10TH STREET N., #201 NAPLES, FL 34103 US		Mailing Address C/O INTEGRATED PROPERTY MGMT 3435- 10TH STREET N., #201 NAPLES, FL 34103 US	
2. Principal Place of Business - Not P.O. Box # <i>School Management, Inc</i> Suite, Apt. #, etc. 9411-2 Cypress Lake Dr. City & State Ft. Myers, FL		3. Mailing Address <i>School Management, Inc</i> Suite, Apt. #, etc. 9411-2 Cypress Lake Dr. City & State Ft. Myers, FL	
33919 Country USA		33919 Country USA	
4. FEI Number 20-3084775		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J. 1833 HENDRY STREET PO DRAWER 1507 FORT MYERS, FL 33902		7. Name and Address of New Registered Agent Name <i>Bob Gelles</i> Street Address (P.O. Box Number is Not Acceptable) 9411-2 Cypress Lake Drive City <i>Ft. Myers</i> FL Zip Code <i>33919</i>	
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 <i>Robert E. Gelles</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <i>Robert E. Gelles</i> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
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	DP ANDERSON, RICHARD 191 WEDGEWOOD DR AMHERST, NY 14221	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLORA, JEROME 8000 LANDIS AVENUE SEA ISLE CITY, NJ 08243	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHEELER, ARMSTRONG 9535 HEMINGWAY LANE FORT MYERS, FL 33913	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <i>Wheeler B Armstrong</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-12-07</i> <small>Daytime Phone #</small>	