


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

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90011 035 \*\*\*\*61.25

DOCUMENT # N05000006744

1. Entity Name  
 CYPRESS PRESERVE AT COLONIAL RESIDENT'S ASSOCIATION, INC.



40100200



04192008 Chg-NP CR2E037 (12/06)

Principal Place of Business  
 SCHOOL MANAGEMENT, INC  
 9411-2 CYPRESS LAKE DRIVE  
 FORT MYERS, FL 33919 US

Mailing Address  
 SCHOOL MANAGEMENT, INC  
 9411-2 CYPRESS LAKE DRIVE  
 FORT MYERS, FL 33919 US

2. Principal Place of Business - No P.O. Box #  
 c/o School Management Inc  
 Suite, Apt. #, etc.  
 9411-2 Cypress Lake Dr  
 City & State  
 FORT MYERS FL  
 Zip  
 33919 Country  
 US

3. Mailing Address  
 c/o School Management Inc  
 Suite, Apt. #, etc.  
 9411-2 Cypress Lake Dr  
 City & State  
 FORT MYERS FL  
 Zip  
 33919 Country  
 US

4. FEI Number  
 20-3084775

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 GELLES, BOB  
 C/O SCHOO MANAGEMENT, INC.  
 9411-2 CYPRESS LAKE DRIVE  
 FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

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 Robert E. Gelles Robert E. Gelles 4/21/08

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

Filing Fee is \$61.25  
 Due by May 1, 2008

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 | NAME               | STREET ADDRESS      | CITY-ST-ZIP             | <input type="checkbox"/> Delete     |
|-------|--------------------|---------------------|-------------------------|-------------------------------------|
| DP    | ANDERSON, RICHARD  | 191 WEDGEWOOD DR    | AMHERST, NY 14221       | <input type="checkbox"/>            |
| DV    | FLORA, JEROME      | 8000 LANDIS AVENUE  | SEA ISLE CITY, NJ 08243 | <input type="checkbox"/>            |
| DS    | WHEELER, ARMSTRONG | 9535 HEMINGWAY LANE | FORT MYERS, FL 33913    | <input checked="" type="checkbox"/> |
|       |                    |                     |                         | <input type="checkbox"/>            |
|       |                    |                     |                         | <input type="checkbox"/>            |
|       |                    |                     |                         | <input type="checkbox"/>            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME         | STREET ADDRESS      | CITY-ST-ZIP          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition   |
|-------|--------------|---------------------|----------------------|---------------------------------|-------------------------------------|
| DST   | Schmidt, Bob | 9507 HEMINGWAY LANE | FORT MYERS, FL 33913 | <input type="checkbox"/>        | <input checked="" type="checkbox"/> |
|       |              |                     |                      | <input type="checkbox"/>        | <input type="checkbox"/>            |
|       |              |                     |                      | <input type="checkbox"/>        | <input type="checkbox"/>            |
|       |              |                     |                      | <input type="checkbox"/>        | <input type="checkbox"/>            |

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: Richard R. Anderson Richard Anderson 4/21/08 239-481-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #