2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# N05000012482

Entity Name: CYPRESS COVE AT SUNTREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-4982113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DE VILLIERS, ANA V
201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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.

SIGNATURE: JAMES W HART JR 07/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CABRERIZO, TOMAS
Address: 6351 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

Title: DVPS ( ) Delete
Name: KENNEDY, JIM
Address: 6351 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

Title: DT ( ) Delete
Name: FUENTES, IVAN
Address: 6351 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMAS CABRERIZO PD 07/06/2006
Electronic Signature of Signing Officer or Director Date